FOR STATE HEALTH, DEP.

IO DEPUTY CIDICAL EXAMINER: This certificate should be executed within 24 hours and death. If any delt is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages V., and 3 ld the fune actor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremetion, or removal, and in any event within 72 hours after death.

VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

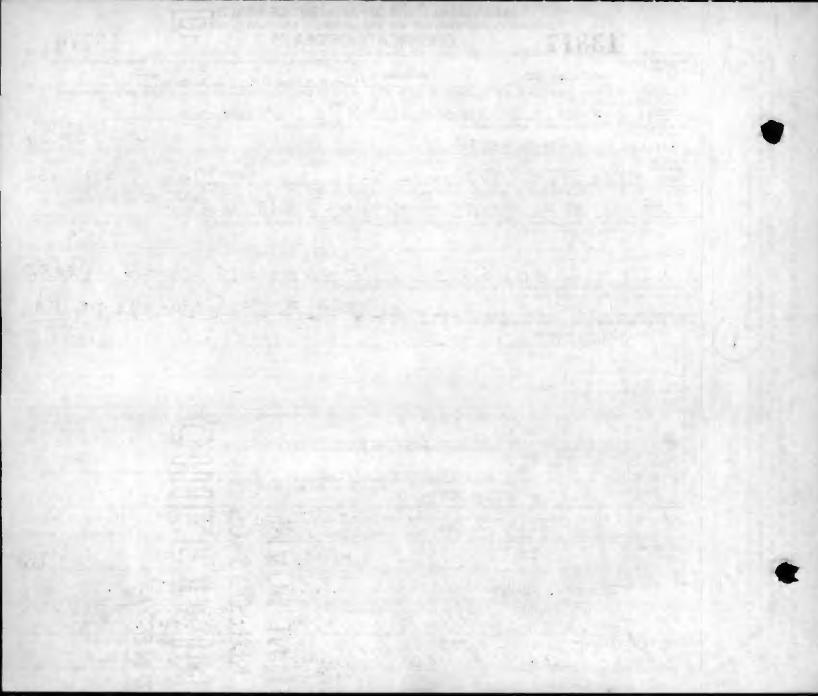
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	t.	PLACE OF DEAT	10010	0		2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) e. STATE b. COUNTY Marvland Wicomico						
		Dorcheste	22		MARYLAND							
/		b. CITY OR TOWN	if outside corporate lim give nearest town)	its,	c. LENGTH OF STAY IN 16							
	_1	Wear Cambr	idge	(if not in h	3yrs.+	Salisbury d. STREET ADDRESS 1 o. 15 RESIDENCE						
1	1		ore State			107 Fooks	street		ON A FARM?			
		NAME OF DECEASED	First		Middle	Last	4. DATE Month		Dey Yeer			
		(Type or print)	r 3rd.	1960 19								
		SEX		7. MARR	IED H NEVER MARRIED	. DATE OF BIRTH	9. AGE (In years last birthday)		EAR IF UNDER 24 HRS.			
	-	lale	White	WIDOW		10/10/81	79 yrs.					
	do	na during most of wo	ION (Giva kind of wor orking life, even if ratio	ed)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)		EN OF WHAT COUNTRY?			
	12	FATHER'S NAME		l G	en. Farming	Maryland		U.	S. A.			
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN						
	16	Hiler	y Bailey	neres La		Mary Eliz	abeth Parsons	-				
	Hilery Bailey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unknown) (Hysagiva werordefess of service) Unknown Records of Eastern Shore State Hospit											
	1	O CATIGE OF	THTH Know and and		nknown Re	ecords of Eas	stern Shore Sta	ate Hos	Spital			
		18. CAUSE OF DEATH [Enfer only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY:										
		MMEDIATE CAUSE (a) GONGESTIVE HEART FAILURE 3 days										
		Conditions, if eny, which the Arterio sclerotic cardio-vascular renal disease 3yrs.+										
		gava rise to immadiata causa										
		(a), stating the underlying DUE TO										
	_	eause last.	SIGNIFICANT COND		INTRIBUTING TO DEATH BUT NO	T DELATED TO THE TERMIN	NAL DISEASE CONDITION CIV	EN IN DART 1	(al) 10 WAS AUTORSY			
1	017	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? Parkinson's Synd. & Inter-trochanteric fracture Femur, Left (11/23/60) YES NO #										
1	5							123/00,	YES NO 性			
	CERTIFICATION	20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.										
	-	20c. TIME OF INJU			Sed Slipped on .INJURY OCCURRED 200. PLA			(Count				
	MEDICAL	Mour a.m.	11/23/60,	Whi at we	la Not While	ory, street, office bldg., etc.	nr.Cambridge,I		.,			
	2	21 I cortify I		-	mains described above, he			im	and in my opinion			
		death resulted			_	ide . Homicide	Undetermined m		and in my opinion			
		Journ Todanico	3 4	11	, Accident	CHIEF MEDICAL I	_	Idition [
5		ACTUAL	-ODS: V	3 16	H W beld		ICAL EXAMINER		DATE SIGNED			
		SIGNATURE L	racing ,	-	141040 177	DEPUTY MEDICAL			12/3/60			
		EXAMINER'S NAME (Type)	ldridge H.	Wolf	f, M. D. Cambric				- / -/			
	22a	BURIAL, CREMATIC	ON, 226. DATE THERE	OF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, town,	40.00	(State)			
		"BUTTS"	Dec.7,1	960	Wicomico Mer	orial Park	Salisbury	, Mary	land			
	23.	FUNERAL DIRECTO	R		ADDRESS	24a. REC	'D SY REGISTRAR 246. REG	ISTRAR'S SIG	NATURE			
-	H	OILOWAY	& COMPAN	Y S	ALISBURY MAR	CLAND DADEC	6 '60 aut	wis & the	-114			
	-											

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	DIVISIO	MARYLAND STAT	TE DEPARTMENT OF ECH AND RECORDS — BALTH	MORE 1. MARYLAND	
	3817	CERTIFI	CATE OF DEATH	work of water and	13770
1. PLACE OF DEATH o. COUNTY	Dorchester	MARYL	o STATE	b. COUNTY	
b. CITY OR TOWN (RURAL and give n rural Car		HYS 9Mos.1	N 1b c. CITY OR TOWN (IF o	outside corporate limits, write Ri	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give Shore State F	street address)	d. STREET ADDRESS	2	OX -) e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	OLIVIS	Callis	4. DATE Mon	
5. SEX	-1.1.1.	MARRIED NEVER MARRIEI	- The Fo	9. AGE (In years lost birthday) 872 8 9 yrs	Months Days Hours Min.
during mast of wor	ON (Give kind of work don king life, even if retired)	e 10b. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY
HENT	y Bur	rows	14. MOTHER'S MAIDEN N	e Rorr	OWS SEARS
15. WAS DECEASED EVE (Yes, no. or unknown)	IN U. S. ARMED FORCES		Hospital reco	ords Camb	ress bride e Md
Conditions, if a gave rise to i couse (a), stoling lying couse last.	DUE TO DUE TO DUE TO DUE TO DUE TO Cony, which the under the under to the under to the total terms are the under to the under the u	per line for (a), (b), and (c).	LATTER	10scher	ONSET, AND DEATH
JEAT					/EN IN PART I(o) 19. WAS AUTOPS? PERFORMED? YES □ NO
	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)		CURRED. (Enter nature of injury in l		
Y 20c. TIME OF INJUI Hour a.m. p.m.	10	20d. INJURY OCCURRED While Not while ot work at work	 PLACE OF INJURY (Hame, farm foctory, street, office bldg., etc 		(County) (State
saw the decea 22a. SIGNATURE 22c. PHYSICIAN'S	and the same	Diedge	M.D. PHYS. M.D. M.D. PHYS. DI		3. 1960, that (1) (we) last don the date stated above 226.DATE SIGNE 23 60 ge, Md.
23a. BURIAL CREMATIC REMOVAL (Specify	V 10 - 1	1 - 7 9 7	TERY OR CREMATORY	23d. LOCATION (City atown,	or county) (Sate)
24. FUNERAL DIRECTOR	r's signature	Harrison	250 REC		STRAR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPI 2. USUAL RESIDENCE (Where decessed lived, M institution: Residence Selare demission) I. PLACE OF DEATH . COUNTY b. COUNTY MARYLAND ector. TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ratained he State B YES NO T 3. NAME OF First Middle DATE Month Dev DECEASED (Type or print) d 2 with the 6. COLOR OR RACE 7. MARRIED 8. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED 2 with last birthday) Months WIDOWED DIVORCED CCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? HE during most of working life, even if retired) pages PM3. 14. EXAMINER: This certificate should be executed within 24 FIE 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unknown) ! [[[yes give war or dates of service] Office along with burial-transit permi in pencil in Item 1 18. CAUSE OF DEATH jEnter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN E INSET AND DEATH PART I. DEATH WAS CAUSED BY: Pue IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if any, which (b) gave rise to immediate cause 40 **DUE TO** (a), stating the underlying 50 Medical Examiner 6 cause last. should be used forwarded to the Chief measure.

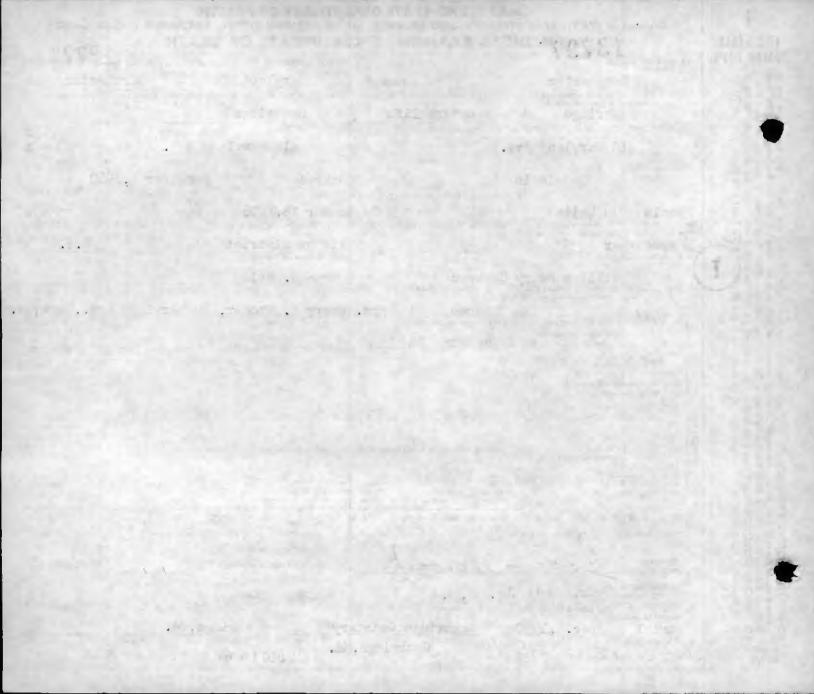
L DIRECTOR: Page 3 should be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? the certificate, writing the word rwarded to the Chief Medical E NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for M.D. SIGNATURE DEPUTY MEDICAL EXAMINER, EXAMINER'S DEPUT NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION, 22b. DATE THEREO CEMETERY OR CREMATOR 20 LOCATION (City, town of country) EMOVAL (Specify) ā 40 FUNERAL DIRECTO 248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME 5M 7/59

THE REPORT OF THE PARTY OF THE THE MANUEL FOR THE SEE SEE SEE VEHALLET Ellerin Herring Harrison Parts January January market Frank Edward Frank I'll the Minteres DELTA CHERTERS Commence of the second AND AND WHAT TOWN 12 176/10

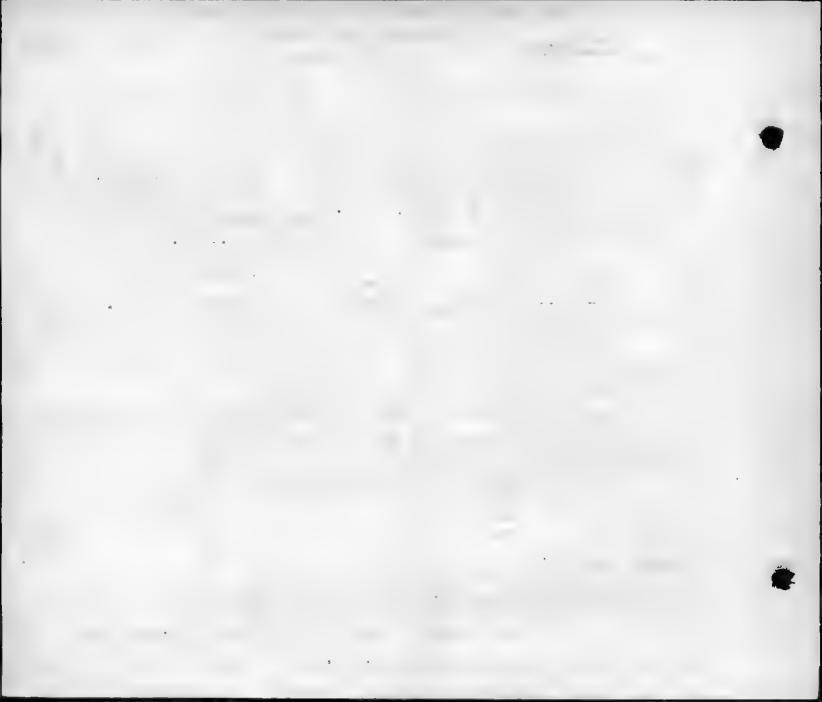
301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. Item 4 FilmG277 12-27-60 et 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) HEALTH DEPT I. PLACE OF DEATH fles. e. COUNTY Page a. STATE b. COUNTY Dorchester MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 sclor. P. write RURAL end give neerest town) Ragged Point RFD 3 Ragged Point. . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES NO TO be retained State None None and 3 to the fune NAME OF 4. DATE Middle Month Doy Year DECEASED OF the DEATH 1960 12 (Type or print) William Cook 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR F UNDER 24 HRS. With 5. SEX n 18. Give Pages 1, 2, and 3 th form PM3, Page 5 may mit. Else pages 1 and 2 will y event within 72 hours a 2 with last birthdey) Months WIDOWED & DIVORCED Male 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) Maryland, Dorchester. Co. Waterman Waterman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lavra Hubbard Wilda Cook 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unknwn) ((Ifyes give we ror detes of service) Mrs. Arthur Cook. R.F.D.# 3. Cambridge, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] Office along v burial-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Instant Coronary occlusion IMMEDIATE CAUSE (e) should be DUE TO Conditions, if any, which gave rise to immediate cause "pending" (0) Examiner's DUE TO (a), steting the underlying 30 pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION ificate, writing the word " I to the Chief Medical Ex TOR: Page 3 should be u PERFORMED? NO F EXAMINER: This 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ' 20f, (City or town) (County) (Steta) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. at work | at work | 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection Inquiry and in my opinion please execute the certificate should be forwarded to PUNERAL DIRECTO or its designated agent, p EDICAL Suicide Undetermined manner Natural causes X Accident Homicide death resulted from: CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 12/19/60 DEPUTY MEDICAL EXAMINER DEPUT Mace Jr. M.D. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) 22a. BURIAL, CREMATION. 22h. DATE THEREOF REMOVAL (Specify) Cambridge, Md. R.F.D# D40 9 OH 12/17/1960 Speddens Cometery 23. FUNERAL DIRECTOR 248, REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE VS. A15ME Le Compte Funeral Service, Cambridge, Md. DEC 2 2 '60 Orthur & Krauk 5M 7/59 DATE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE -MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Resident actor. Page Your files. a. COUNTY a. STATE necessary, Dorchester Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) d of write RURAL and give nearest town) your entire life Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS m. IS RESIDENCE Bo ON A FARM? es 1, 2, and 3 to the funer Page 5 may be retained it s 1 and 2 with the State B. be retained 410 Maryland Ave. 410 Maryland Ave. YES TO NO TO NAME OF Middle 4. DATE Yeer DECEASED (Type or print) DEATH Minnie Corkran December 1.1960 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR lest birthdey) Min. Hottes 84. yrs. Female WIDOWED DIVORCED T September 15.1876 1Da, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retirad! in pencil in Item 18. Give Pages 1, Homemaker Vienna district U.S. File pages I PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Henry Corkran Emma S. Reid form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit, (Yes, no, or unkown) | (Ifyasgivewarordatasofservice) along with transit permit Mrs. Harry K. Stoker, 410 Maryland Ave., Camb, Md. This certificate should be executed None 18. CAUSE OF DEATH [Enter only one ceuse par line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Coronary occlusion Instant burial-t Office loval. DUE TO Conditions, if env. which (6) "pending" gave risa to immadiate cause DEPUTATION OF THE PROPERTY OF IRI. DUE TO (e), stating the undarlying 320 cause last. Desn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORSY CERTIFICATION PERFORMED? 9 NO IT plnous 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | DICAL EXAMINER: CAUSE OF DEATH. should be forwarded to the Chief
FUNERAL DIRECTOR: Page 3 s
its designated arent MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, form, 20f. (City or town) (County) (State) factory, streat, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X X Inquiry and in my opinion Natural causes X death resulted from Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 12/3/60 DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT John Mace Jr. NAME (Typa) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Spacify) 0 240 ò Dec. 3 Cambridge Cemetery Cambridge .Md. Burial FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE Cambridge, Md. VS. AISME DATE DEC 1 5 '60 Cirlhus S. Frank 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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Page .	filed with	1)	1. 6	LACE OF DEATH COUNTY	Dorches	ton	MARY	- 11	USUAL RESIDEN	_	_	ved If institution b COUNTY			
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that by th	E A				DUE 1	10									
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requi	is sign			lying couse last.	the nuder-	(c)									
law ysicic	tran	7:	CATION	PART II OTI	HER SIGNIFICANT CO	INDITIONS	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO TH	IE TERMINA	L DISEASE C	ONDITION GIV	EN IN PART 1(o	19 WAS	AUTOPSY DRMED?
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AN:	or re		CERT	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEAT MEDICAL EXAMINER	H 200. DES	CRIBE HOW INJURY OF	LUKKED. {	Enter nature of in	ilotă în Lati	I OF POFI II	or tiem is j			
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PHY ol or his c	use emat		MEDICAL	Haur a.m.	19	While at war	rk ot work	toctor	r, street, office bl	dg , etc.)					
ING Spit	م الح بر الح			21. Ecertify th	hot I oftended th	e deceas	ed from Dece	ber	20,60	to De	26	9 , 1960	,that I last	saw the	deceased
F P P P P P P P P P P P P P P P P P P P	oche			alive on_De	couper f	B 12 1	and that	deoth o	corred at		W, from	the couses a	nd on the d	date state	ed obove.
ATT by I	70 -			ACTUAL SIGNATURE	Marte	in			0 7 7.		•	et, city or town,			ATE SIGNED
ő.	o be prior	/		SIGNATURE	9			M.D	2.7 F	life .	<u> </u>	Campiri	aka	YUL A	S. C.
ITAC Rel	shou			PHYSICIAN'S NAME (Type) J	. Fd-11n	Fasse	ett.I'.D.								
HOSPI Oy be	26 J		22°	BURIAL, CREMATIC		EOF	22c. NAME OF CEME	TERY OR C	REMATORY	22	d. LOCATIO	N (City, lawn, a	r county)	(Stat	ie)
70 H 01	Poge the re		200	burial	12/30	/1960	Bethel ADDRESS	Ceme	tery	20-11-		ridge,	Mary]		
VS A1	5 (4)		7	FUNERAL DIRECTOR	SIGNATURE /	REE	Cambi	1100		IO. REC'D B			TRAR'S SIGNA		
ISM 9	755	1	4		116	4 10	/ valilly	Tuke	221010	M16		- Chi	Chur & Ho	-114	



uneral director, TO HOSPITAL Of ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retain by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by funeral director page 3 should be detached for use as the burial-transit permit. Then please remaye of both papers. Pages 1 and 2 should be filed will the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs of the detached for use as the burial-transit permit. ion and completely filled in by parbon papers. Pages I and 2 st offer death

VS A1S (4) ISM 9/S8

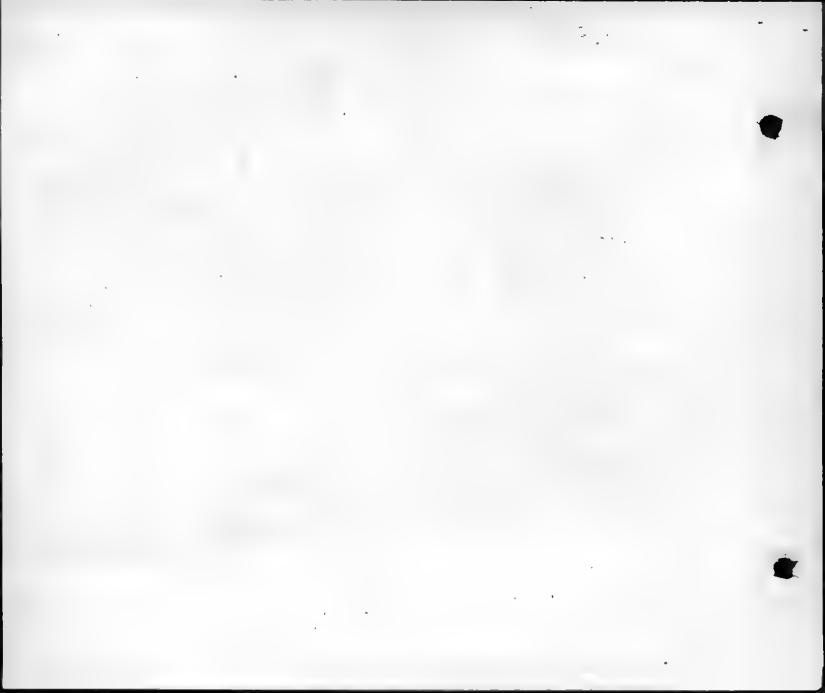
MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

13820

CERTIFICATE OF DEATH

Reg. Dist. No. 13776

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where de		dence before admission)
JORCHESTER	MARYLAND	MARYL,	AND S. COUNTY WS	RCESTER
b CITY OR TOWN (If outside corporate limits, RURAL and give nearest lawn)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside	corporate limits, write RURAL or	nd give nearest lown)
RURAL CAMBRIDGE	2 1905	FOCOMOKE	CITY	
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
EASTERN SHURE ST	TATE HOSP.	206 MARKET	- STREET	YES NO Z
3. NAME OF DECEASED	Middle	Losi 4. D	ATE Month	Day Year
(Type or print) ELIZABETH	C. Co	STEN	EATH DEC.	20 1960
	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UND lost birthdoy) Month	DER 1 YEAR IF UNDER 24 HRS
FWW	IDOWED DIVORCED	FEB 6, 128	5 75 yrs. Month	5 Doys Hours Min
10a. USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or for	eign country) 12.0	CITIZEN OF WHAT COUNTRY?
NONE		MARYLAN	IP .	U. 5 A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
ISAAC THOMAS 1	OSTEN	OLIVIA A	PRAMS	
15. WAS DECEASED EVER IN U. S. ARMED FORCE	16. SOCIAL SECURITY NO.	INFORMANT	Address	CITY, Mr.
No -	NONE	OLIVIA COSTEN	1, 206 MARKET	ST. FREDMOKE
18. CAUSE OF DEATH [Enter only one couse	per line far (o), (b), and (c).]			INTERVAL BETWEEN
PART I DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (o)	CERFBRAL	HEMORRAGE		ONSET AND DEATH
331X DUE TO		<u></u>		
Conditions, if ony, which) (b)	CEREBRAL	ARTERIOSCLE	R0515	3 YRS
gove rise to immediate (couse (a), stating the under (
Tying couse lost, (c)				
PART II. OTHER SIGNIFICANT COND.	TONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN F	ART I(o) 19 WAS AUTOPSY
ZA I				PERFORMED? YES NO D
OR CONTRIBUTING CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in Port 1	or Port II of item 18)	
				_
20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m.		ACE OF INJURY (Home, form, 20)	f. (City or town)	(County) (Stole)
p. m. 19	of work of work			
21. I certify that I attended the d	eceased fram Oct 20.	. 1960, to DE	19 40 , 19 60, that I	last saw the deceased
alive an DEC 17				
	,		ESS (Street, city or town, state)	DATE SIGNED
SIGNATURE GROVEN /	1 housing	M.D. RFD 2, (PAMBRIDGE , M.	10 12/20/60
	, / /			
NAME (Type) GEORGE A	1. LONGLEY			
220 BUR.AL, CREMATION, 225. DATE THEREOF	22c NAME OF CEMETERY C	22d.	LOCATION (City, town, or count	y) (Stote)
BURIAL (Specify) 12-23-4	O PITTS CREEK PI	RESBY YERIAN PO	COMOKE CITY 1	MARYLAND
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC'D BY		
Denout HWalson	V POCOMOKE CIT	J MIL) DAT DEC 2	7 '60 Quillen	2 Kings



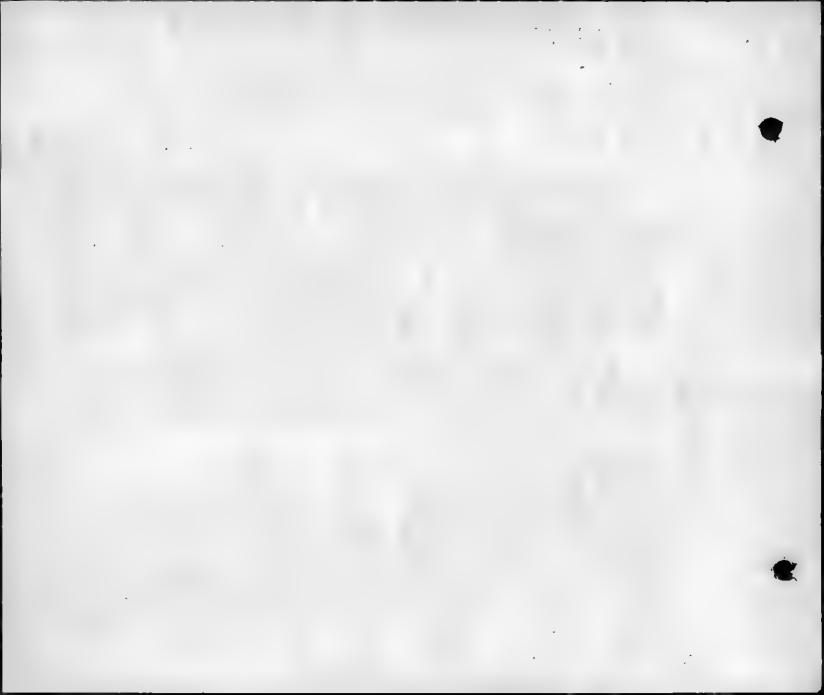
5M 9/55

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
13821 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist. No.

13777

1. PLACE OF DEATH a. COUNTY						2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)							
		hester		MARY	LAND	a STATE District of Colbustia							
	b. CITY OR TOWN (IF and give negrest found)	outside corporate limits, write	RURAL	c. LENGTH OF STAY I	N 1b	c, CITY OR TOWN (IF outside corporate limits, write RURAL and give nearest town)							
		- Rural		6 hours		Washington 4, *							
			f not in ho	spital, give street address)	d. STREET ADDRESS						a. 15 RI	SIDENCE
	India	intown Road	l			21	l Siz	cth Si	treet, S.	E.			NO 5
	NAME OF DECEASED	Fin	d	Middle		Last	1	4. DATE OF	Mont	h	Day	Y	ear
L	(Type or print)	Archi	e	Leroy		Craver		DEATH	Decembe	r	3	1	9 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED				☐ B.	DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDER			ER 24 HRS.	
1	fale	White	WIDOWE	D DIVORCED [] [ebruary	1, 1	L906	54 yrs.	Months	Days	Hours	Min
100	. USUAL OCCUPATIO	N (Give kind of work of	done 10b. I	KIND OF BUSINESS OR I	NDUSTI	TY 11. BIRTHPLAC	E (Stote c	or foreign c	ountry)	12. CITI	ZEN O	WHAT	COUNTRY?
	Electric			Electrical		Green	sbore	. N.	J.	1	U.S.	Α.	
13.	FATHER'S NAME					14. MOTHER'S M.	AIDEN NA	AME					
	Roy G. C	Craver				Mart	ha St	isan i	lyers				
15.	WAS DECEASED EVE	R IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17. IN	FORMANT			Address				
(10	Yes	(If yes, give wor or dates of a		578-24-4172	T	heodore (G. CI	raver.	Alexand	ria.	Virg	inia	a
	18. CAUSE OF DEAT	H [Enter only one cau	se per line	for (o), (b), and (c).]							INTER	VAL RETWE	FN
	PART I. DEATH WAS CAUSED BY: COronary Occlusion										Tinstant		
	420. 1 DUE TO												
	Conditions, if an												
gove rise to immediate couse													
	to), storing the underlying												
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY												
[음	PERFORMED?												
5	YES NO												
CERTIFICATION	PRIMARY OF CON	TRIBUTING []	or peaching	CION HOSKI OCCOR	(c)	nei neivie ei mjoi	A III LOII	t of Fori II	or irem (b.)				
MEDICAL	20c. TIME OF INJUR	" Month, Day, Yea			e. PLAC	E OF INJURY (Ho	me, form,	20f (City	or town)	(Cou	nfy)		(Stole)
MED	Hour s.m.	19	While of we	e Not while ork of work	Igcio	ry, street, office bl	og., erc.j						
	21. I certify the	at I took chorge	_	remains described	abay	e, held on A	utapsy		spection 71.	Inquir	v 🗖	and i	find that
		-		Accident,			micide	_	ndetermined o		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1110
	(/											
	ACTUAL	Jacan	199	rek		M.D. CHIEF MEE	DICAL EXA	MINER [DATE S	IGNED
	SIGNATURE		The same		-	_M.D. ASSISTANT		_					
	EXAMINER'S NAME (Type)	John Mac	e, Ji			DEPUTY M			_	Dec.	3,	1960	0
22c	BURIAL CREMATION REMOVAL (Specify)			22c. NAME OF CEMETE	RY OR C	REMATORY		22d. LOCA	TION (City, town,	or county)		(State)
	Burial	Dec.7,196	U	Arlington	TID.L.	ronar oer	ie cei	7	Arlingt	on, Vi	irgi	nia	
23.	FUNERAL DIRECTOR'S	m and bon,	Feder	ralspura.	rvl	and 24	lo. REC'D	BY REGIST	RAR 24b. REGI	STRAR'S SIG	NATUR	E	
J	"1 "kt.shuth.co	in this -only			-	0	ATEDEC	16 16	0 0	12 mg 8	Hans	A	



13822 CERTIFICATE OF DEATH Rea. Dist. No. 4.3 director death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived). If institution: Residence before admission Filed o. COUNTY a. STATE b. COUNTY MARYLAND Dorchester Somersat funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give nearest town) pino 6vrs.6mos.29dal Cambridge Crisfield. Maryland d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Eastern Shore State Hospital haurs puo 2. NAME OF Middle 4. DATE Last Month filled DEATH (Type or print) John DOTHER December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH completely last birthdoy) Months Days 8-14-75 WIDOWED T DIVORCED | Male White papers. 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? U.S.A. pup Maryland pou Waterman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician effects cark that the death certificate Madeline Batcher Jimmy Dorman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANI Address Eastern Shore State Hospital records attending edse 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ᆸ PART I. DEATH WAS CAUSED BY: Cerebral Hemorrhage IMMEDIATE CAUSE (0) the DUE TO General Arteriosclerosis Conditions, if ony, which (b) Bued gove rise to immediate DUE TO couse (a), stating the underand lying couse lost. burial-transi₹ been PART 11. OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 remayol, has attending 200. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of item 18.) certificote 5 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or tawn) (County) Б foctory, street, office bldg., etc.) Hour o.m. While Not while of work ot work 12-29 1960, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 1112PM, from the causes and on the date stated above. detach LAKECTOR: ADDRESS (Street, city or town, state) prior SIGNATURE. Eastern Shore State Hospital shauld may be reta he registrar NAME (Type) Ettore DeFilippis. M.D. Cambridge, Maryland 220 BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tawn, ar county) page DEMOYAL (Specify) CRISFIELD CEMETERY JURIAL 2 23. PUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

ADSHAW + SONS, CRISFIELD, A

VS A15 (4)

15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

Day

6 wks.

Unknown

WAS AUTOPSY

PERFORMED?

YES 🔲 NO 📆

(Stote)

DATE SIGNED

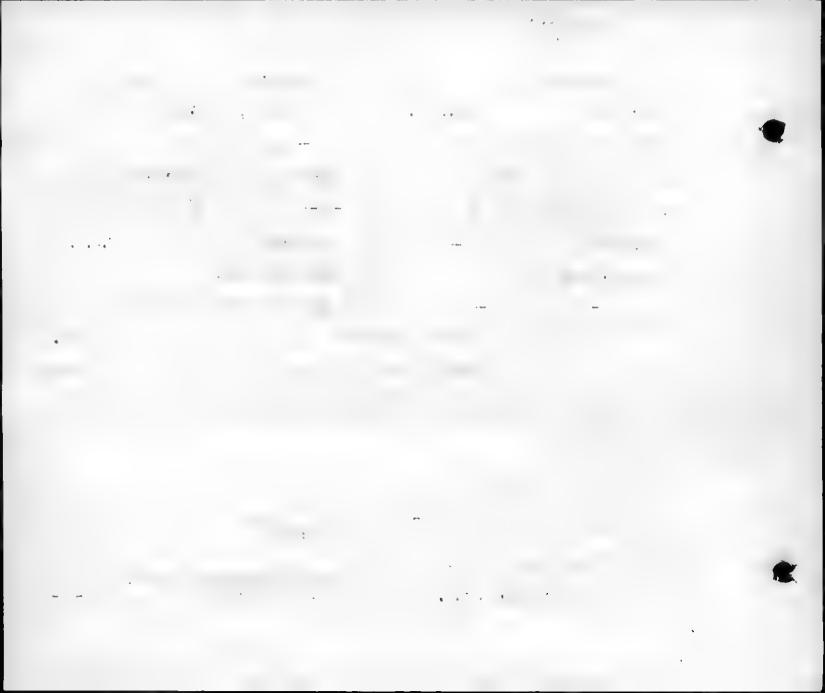
(State)

ON A FARM?

YES NO TO

Year

60 19



Division of STATISTICAL RESEARCH AND RECORDS. **BALTIMORE 1. MARYLAND** FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Resi . COUNTY h. COUNTY Dorchester, Co. Dorchester, Co. MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Your write RURAL and give nearest town) Cambridge, Maryland Church Creek, Maryland, 1 Month d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital to ve street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State 1 Washington Street None YES NO XX 3. NAME OF Middle Last 4. DATE DECEASED OF the (Type or print) DEATH 2 with th Maggie Smith Elzey 10 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH rage 5 m. Tand 2 w. last birthday) 1 Months Hours DIVORCED 83 Female WIDOWED TO yrs. 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Housewife Housewife Seward's, Maryland. U.S.A. bages | form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Smith Margaret Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Md. (Yas, no, or unkown) (Ifyas giva war or datas of servica) Office along with burial-transit permi Mrs. Nettie Robinson, Washington St. No Gambridge. 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY, Coronary occlusion IMMEDIATE CAUSE (a) Instant DUE TO Conditions, if any, which gave rise to mmadiata cause DUE TO (a), stating the underlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 CERTIFICATION 19. WAS AUTOPSY PERFORMED? 2 Medical NO pinous 2Ds. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Homa, form. 20f. (City or town) (County) (State) factory, streat, office bldg., etc.) Not While Whila forwarded to the C at work at work prior Inspection 177 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion designated agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE EXAMINERA DEPUT NAME (Type) Mace Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) 240 Cambridge, Maryland. Burial Dorchester Memorial Parker By REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Le Compte Funeral Service, Cambridge, Maryland, DATE 5M 7/59 DEC 2 2 '60 arthur & Though



FOR STATE 2 pino wrificate, writing the chief A CTOR: Page 3 stories for the chief A should be for <u>7</u>40 VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, if Institution, Residence before admission) b. COUNTY Wicomoco a. COUNTY Dorchester MARYLAND b. C.TY OR TOWN (if outs de corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate I mits, write RURAL and give neeres) town) write RURAL and give nearest town) Near. Cambridge years Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM Eastern Shore State Hospital 608 N. Pinehurst Ave 3. NAME OF Middle 4 DATE SELECTION AND ADDRESS OF THE PERSON AND ADDR (Typa or print) Scarff Emmoor DEATH December 4th. 196010 Nettie 6. COLOR OR RACE 17. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Female White WIDOWED IT 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland U. S. A. own home Retired . House work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Burton 1st name unknown, Kirby 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. | 17. INFORMANT Records, Eastern Shore State Hospital linknown. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN LI CAVS PART I. DEATH WAS CAUSED BY: Terminal Broncho-pneumonia IMMEDIATE CAUSE (a) (b) Arterio sclerotic Cardio-vascular renal disease Conditions, if any, which gava rise to immediata causa DUFTO With congestive failure - - -(c) Arteriosclerosis, generalized PART IL OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179. WAS AUTOPSY PERFORMEDA, Fracture of neck of left femur, 6/30/60 NO F 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of item 18) 2De EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Deceased slipped and fell to the floor fracturing left femur 1 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm. , 201. (City or lown) Month, Day, Year (County) (State) While Not While at work at work E. S. S. HospitalNr. Cambridge, Dorchester, Md. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection W Inquiry # and in my opinion death resulted from: Natural causes 4 Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER # NAME (Type) Eldridge H. Wolff, M. D. Cambridge, Mass (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Spacify) BURIAL 12-6-60 Waugh Methodist Cemetery Glen Arm, Md 23. FUNERAL DIRECTOR 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

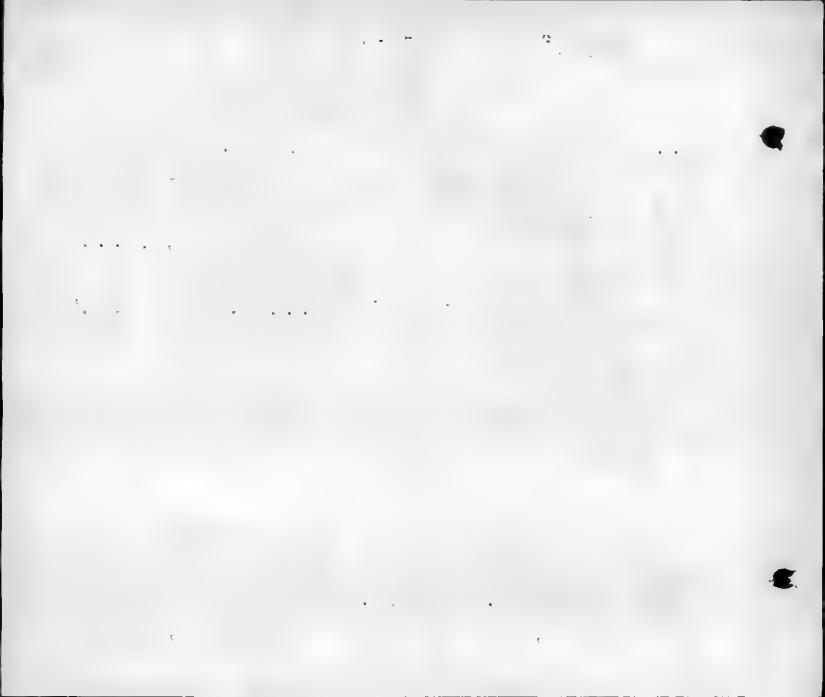
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Onther S. Kines

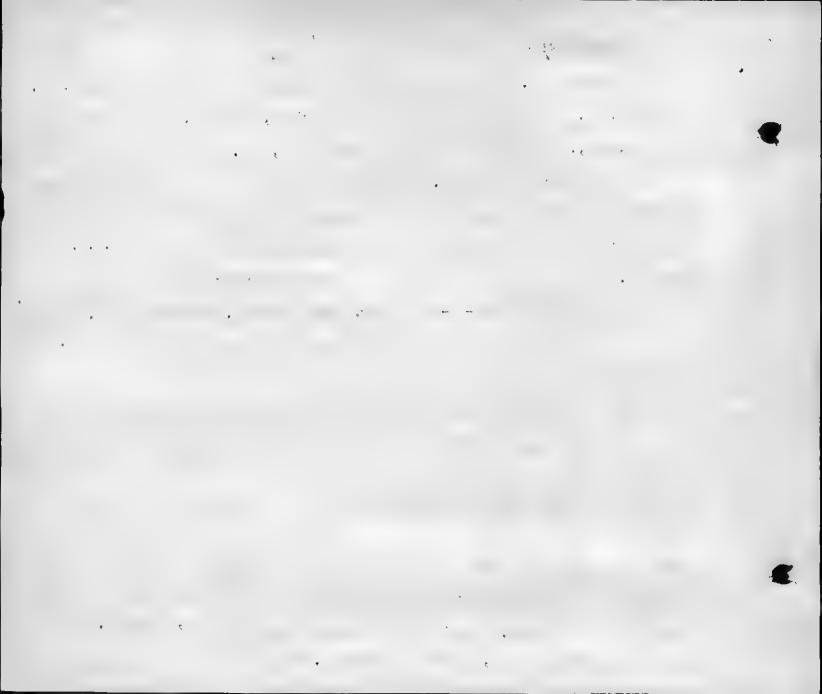
William Cook, Inc. # 1217 St. Paul Streeet



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** Rea, Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution Residence before admission) o. COUNTY Dorchester . Page files. Health, b. COUNTY Wi comico MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give prerest town) Cambridge Salisbury vrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RES D to E ON A FARM 102 Van Buren St. E.S.State Hospital YES NO gine 0 ō NAME OF Middle 4. DATE Month DECEASED John Charles Gochnour (Type or print) DEATH 7.2-1.0 1960 5. SEX 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED TO 8. DATE OF BIRTH 9 AGE (In years FUNDER LYEAR IF UNDER 24 HRS Dovs Hours WIDOWED T DIVORCED [Male White 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? gug Marylank Osterburg Pa. Salesman Farm machinery 13. FATHER'S NAME pages 14. MOTHER'S MAIDEN NAME ngknown Margaret Wyant Divisionowic Moses Gochnour File 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. es Gochnour (Soff) Salisbury, Harylan E.S.S.Hosp. Cambridge, Md. [Yes, no, as unknown) lift was large were as dates at service! Records E.S.S. Hosp. No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] HITERVAL BETWEEN PART I, DEATH WAS CAUSED BY: Coronav occlusion Instant IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (o), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20g, EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) factory, street, office bldg., etc.) White Not white di m N/A of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry [and in my 00 CTOR opinion death cosulted from: Natural causes 7. Accident 1. Homicide . Undetermined monner Suicide ... DIREC DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 12/10/60 FUNERAL I design John Mace Jr. Cambridge, Md. 12/10 NAME (Type) DEPUTY MEDICAL EXAMINER 226 DATE THEREOF 220. BURIAL, CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Dec 13.1960 Parsons Cemetery Salisbury, Maryland 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE AISME in & trous HOLLOWAY & COMPANY SALISBURY MARYLAND DATE C 1 3 '60 5/A 2/57



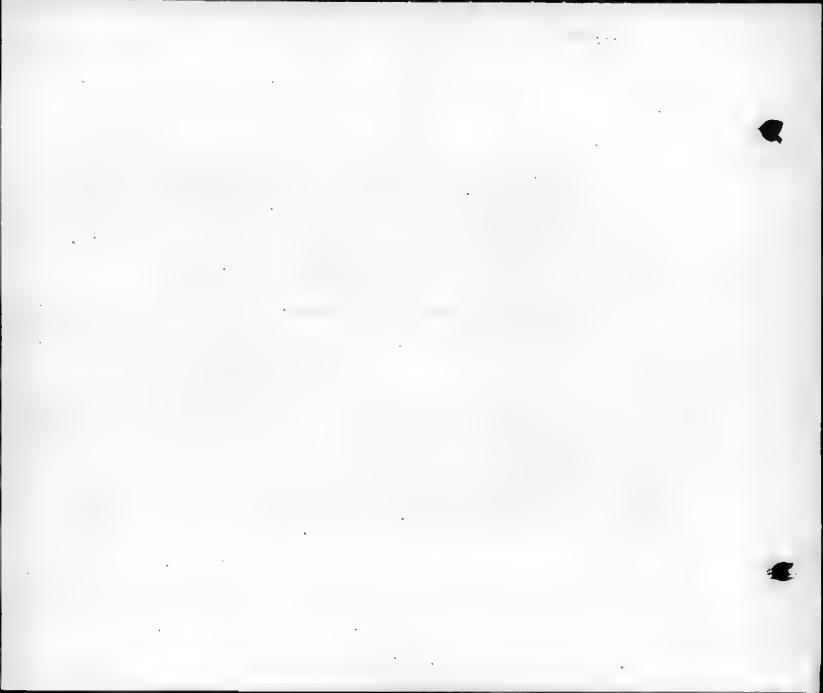
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) vour files. a. COUNTY b. COUNTY Dorchester, L Dorchester, Co. MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. CITY OR TOWN (If oulside corporale limits, write RJRAL and give na c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Cambridge, Md. Cambridge, Maryland. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) . IS RESIDENCE ON A FARM? YES NO XX State Bay View, Ave.. Bay View, Ave. be retained death. 3. NAME OF Middle Morth Day Yeer DECEASED the DEATH (Type or print) with the Harry 9. AGE (In YEAR IF UNDER 1 TEAR Handy TE UNDER 20RS 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH may b age 5 may 1 and 2 wit 72 hours a last builtdey) il in Item 18-Give Pages 1, 2, and ong with form PM3. Page 5 maj nsii permit, File pages 1 and 2 w d in ety event within 7 and 68 DIVORCED WIDOWEDNY 29/1892 White 10a USJAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) U.S.A. Custodian Custodian Maryland 13. FATHER'S NAME Samuel B. Handy 16. SOCIAL SECURITY NO. 17. INFORMANT Hurlock 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknwn) . (If yes give war or dates of service) Matyland. 218-05-1297 Mr. Harry Handy Jr. Hambrooks Blyda Cambridge 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c), Office along w burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion 7 777 IMMEDIATE CALISE (a) **DUE TO** Conditions, if any, which (b) gave rise to immediate cause "pending" Examiner's FD. **DUE TO** (a), stating the underlying 9.5 cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(e): 19. WAS AUTORSY CERTIFICATION PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E O FUNERAL DIRECTOR: Page 3 should be YES NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED. 20g. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) 9ge to b fectory, streat, office bldg., atc.) While Not While Hour a.m. at work at work Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry and in my opinion Suicide Undetermined manner death resulted from Natural causes K Accident Homicide CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER DEPUT NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) 135 REMOVAL (Specify) Cambridge, Martland. 늉 Dorchester Memorial Bubial Park
248. REC'D BY REGISTRAR | 245. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME DEC 2 2 '60 5M 7/59 Le Compte Funeral Service. Cambridge. Maryland, DATE Clothung & the



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retain by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remavol, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	1	3823		CERTI	FICA	ATE OF DEATH	1		Reg. Dist.	No. 1	3784
	1. PLACE OF DEATH	OROESTE	R	MARY	LAND	2. USUAL RESIDENCE (Who a. STATE		l lived, If institution b. COUNTY	Residence	before adm	ission)
		autside corporate lum		c LENGTH OF STAY		c. CITY OR TOWN (If or	Iside carpor		JRAL and give	nearest ta	wn)
ş.	RURAL C	AMBRIDE	Tive street	2 YR 5 5 17	703	d. STREET ADDRESS	110H1	9F15		a ic p	ESIDENCE
	OR INSTITUTION	ment _	TATE	.1				ノシメ	(-)	ON	A FARM?
	3 NAME OF DECEASED (Type or print)	WILLIA	rst Az	BLUNT	/	HARPER	4. DATE OF DEATH	DEa.		Doy 2/	Year 19 60
	S. SEX	6. COLOR OR RACE	7. MARE	RIED PNEVER MARRIE	ED 📋	B. DATE OF BIRTH		9 AGE (in years lost birthday)	Months Do		
	M	W	WIDOWI	5-4-5		APRIL 7, 18	75	85 yrs.			
	during mast of work	ing life, even if retired	done 106.	KIND OF BUSINESS O	R INDU	STRY IT BIRTHPLACE (State of	•	_		NOF WHAT	COUNTRY?
	13. FATHER'S NAME	7 # //				14. MOTHER'S MAIDEN N				21/1	
	JOHN	C. HA.	RPE	R		ROWER	IA F	FULD			
	15. WAS DECEASED EVER	R IN U. S. ARMED FOI		SOCIAL SECURITY NO		NFORMANT		Addr	ess		
1	UNKNOWN		12	18-34-9054		23 FLORENCE	HAR	PER, S	T. Mics	VAEL	5 , HP.
		TH [Enter only one co TH WAS CAUSED BY.	ouse per li	ne for (a), (b), and (c)]		,			INTERVAL	
	Canditions, if or gave rise to in couse (a), stating the lying cause last.	nmediate ()	RTERIOS		ERDTIC. 4,	EAR.	r. V1.52	FASE	_6_Y	RS-t.
	PART II OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE	CONDIT ON GIV	EN IN PART 1	PERI	S AUTOPSY FORMED?
)	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY O	CCURRE	Enter nature of injury in P	art I ar Part	(I of item 18)			
	ZOC. TIME OF INJURY Hour a.m. p. m.	Y Manth, Doy, Ye	While	NJURY OCCURRED Not while k ot work	20e. PL	ACE OF INJURY (Hame, farm, street, affice bldg., etc.)	20f. (City	ar tawn)	(Cau	rty)	(State)
	21. I certify the	at I attended the	deceas	ed fram <u></u>	<u> </u>	, 1959, to D.	FC 2	21 , 1960.	that I last	saw the	deceased
	alive on	EC 20	, 19_6	ond that	death	occurred at 4:30A					
	ACTUAL CONTRACTOR	Zeorge (4	_ h	angley		M.D. RED 2		reet, city ar lawn, PAHBBL	stale) 'LGE	Mo.	ATE SIGNED
	PHYSICIAN'S NAME (Type)	PEORGE 1	4, 1	LONGLE	<u></u>						
	270. BURIAL, CREMAT OF REMOVAL (Specify)	N. 22b. DATE THEREO	II.C	22c NAME OF CEME	ETERY O	CREMATORY EMETERS	22d LOCAT	10N (City, town, o	or county)	127.	ate)
	23. FUNERAL DIRECTOR	SEIGNATURE	(6)	ADDRESS			BY REGISTI		TRAR'S SIGN		2
	TO MA	millon	au	ell, mil	11/10	HALLS MODATE DEC	2 3 '6	(L	ilun & M	7.534	

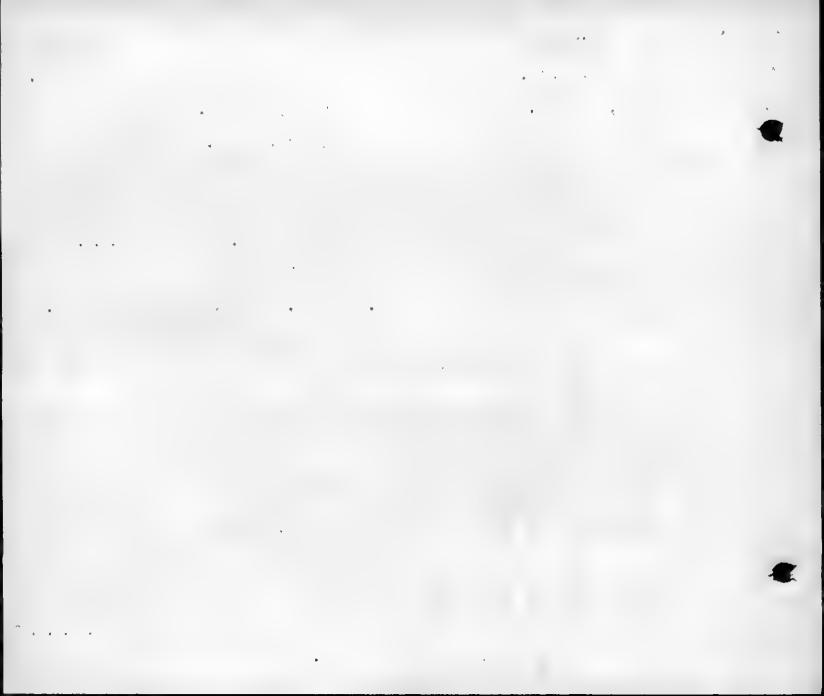


		DIVISION	AKYLAND SIAII OF STATISTICAL RESEARC	H AN		HEAL MORE 1, A	I H MARYLAND				
		13802	CERTIFIC	CAT	E OF DEATH				137	85	
	7 7	PLACE OF DEATH DOTCHESTER, Co.	MARYLAI	- 11	2. USUAL RESIDENCE (Who STATE Maryla			before odmi	~		
	ŧ	b CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town) Cambridge, Maryland.	te c LENGTH OF STAY IN	1Ь		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) IMbridge. Maryland.					
7	_	d. NAME OF HOSPITAL (IF not in hospito), give still cambridge Maryland Hosp	reet address)		d STREET ADDRESS 815 Race,	Stre	et.	1	e IS RESIDENCE ON A FARM? YES NO KK		
	3. I	NAME OF First DECEASED (Type or print) John	Robert	Н	lubbard	4. DATE OF DEATH	Month		Day 26	Year 19 60	
	S. S	Male White WID	MARRIED NEVER MARRIED OWED DIVORCED] [9/2/1874		86 yrs	Months D	oys Hour	s Min	
	Fz	USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) REMORT & Waterman	Tob. KIND OF BUSINESS OR I		Dorchester	, Co.	. A		S.A.	COUNTRY?	
	73	FATHER'S NAME Samuel Hubbard			14. MOTHER'S MAIDEN N		den				
_		WAS DECEASED EVER IN U. S. ARMED FORCES? 1, no. of unknown) If you, give wor or dates of service) NO 1B. CAUSE OF DEATH Enter only one cause p.	No er line far (o), (b), and (c)]		Curtis S. H		Addre		aryla: INTERVAL ONSET AN 5 day	BETWEEN	
		gove rise to immediate DUE TO	rebral hemorrh			nal d	isease		7 day	s	
7	CERTIFICATION	Part II OTHER SIGNIFICANT CONDITO Prostatic hypertrophy &	NS CONTRIBUTING TO DEATH	ary	obstruction;	dura	tion unkn		PERF	S AUTOPSY ORMED?	
		OR CONTRIBUTING CAUSE OF DEATH	None	e. PLAC	CE OF INJURY (Home, form	, 20f. (Cit)	y or tawn)	(Co	unty)	(Stote)	
	MEDICAL	Hour o. m 19 W	hile Not while work at work		or <u>y,</u> st <u>reet, affice bldg.,</u> etc.					21.14.24	
		21. I certify that (I) (this haspital) attended the deceased from Dec. 19th., 160, ta Dec. 26th., 160, that (I) ## last saw the deceased alive an Dec. 26th. 1960, and that death accurred at 2:00P. From the causes and an the date stated above.									
		220 S.GNATURE ECUTING # 1. 12 22c. PHYSICIAN'S	Tolff	М	D. ATTENDING ME DIE	D. RECTOR	STAFF PHYS. D	ec. 28	8th.19	50 DATE	
		NAME (Type) Eldridge H. W	olff, M. D.		15 Locust s	t. Ca	mbridge,	Dorch	ester	Co. Md	
	23a	BUR AL, CREMATION, 236 DATE THEREOF BURIAL (Specify) 12/28/1960	23c. NAME OF CEMETE				TION (City, town, or		,	tole)	
	24	Burial 12/28/1960	Speddens (eme			mbridge, I			F.D.	

Cally & towns

Le Compte Funeral Service, Cambridge, Maryland, DATE JAN 3

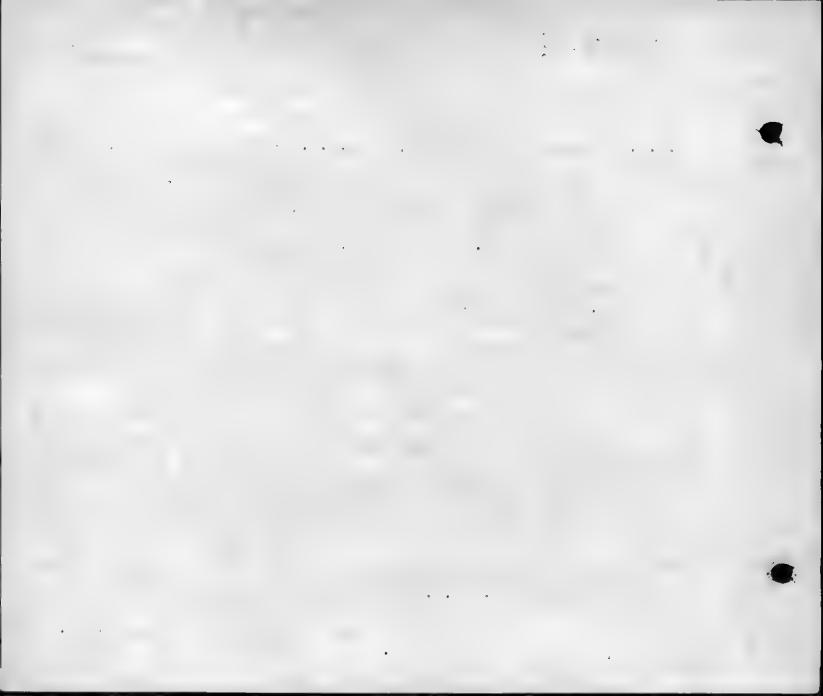
VR A1S (4) 15M 9/59



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY necessary, actor, Page A THENSH **b. COUNTY** files. Derchester Dorchester MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town? ...ral Galestown Jalestown 4 anths d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? F.D. #3-Por 27FA Sonford. 75A Seaford Del. mey be retained 2 with the State DYES NO DEPUT: EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decases exec.—the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File-pages 1 and 2 with the State its designated agent, prior to burial, cremation, or removal, and in any event withhy 72 hours after death. 3. NAME OF Middle 4. DATE DECEASED 19 40 (Type or print) Clarence Johnson DEATH Dec. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8 DATE OF BIRTH 19. AGE (In years I.F UNDER 1 YEAR IF UNDER 24 HRS lest birthdey) Months ale WIDOWED [DIVORCED. 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Plastics.Inc. Diesetter JSA Delar tre 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME lse burtelle .l mer Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17 INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) .13 elle Jourson Seaford. 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSEJ AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion Install MMEDIATE CAUSE (e)_ DUE TO Conditions, if any, which geve rîse to immediete cause **DUE TO** (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11(1) 19. WAS AUTORSY CERTIFICATION PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED : 20e. PLACE OF INJURY (Home, ferm, 20c. T.ME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. el work el work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI. Inquiry and in my opinion death resulted from: Natural causes [X] Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated State of the Paris ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, lown, or county) 220. BURIAL, COMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Crest Cenetery ₫40 Punial relessisour. 23. FUNERAL DIRECTOR 240. REGID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Seaford, Del. VS. A1550 Watson 5M 7/89

MARYLAND STATE DEPARTMENT OF HEALTH

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND **CERTIFICATE OF DEATH** 13827 director, iled with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission PLACE OF DEATH o. COUNTY Fled b. COUNTY MARYLAND Marviland Dorchester Ceci.l neral b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) D Denton Cambridge d. NAME OF HOSPITAL (If not in haspital, give street oddress) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON B FARM? Eastern Shore State Hospital YES THE NO! .⊑ First Middle 4. DATE Year filled DECEASED OF DEATH (Type or print) William Krabill 3 19 60 John December 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days DIVORCED [WIDOWED F Male White 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? dod during most of working life, even if retired) Retired minister U.S.A. Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicio Christian Krabill Rebecca Krabill 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. Address EasternShore State Hospital ğ RECORDS: Unk. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) Coronary Occlusion 6 hours DUE TO Chronic Myocarditis Conditions, 4f ony, which 16 days baub gave rise to immediate DUE TO couse (o), stoting the underbeen sign lying cause lost. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Chronic Brain Syndrome associated with Senile Brain Disease YES 🗍 NO 😿 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18.) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, , 20f (City or town) (State) factory, street, affice bldg., etc.) Hour a m Not while at work at work 21 1 certify that (1) (this haspital) attended the deceased from. 11-22 1960 to 12-8 ___ 19<u>60</u>_, that (#) (we) last _19.60, and that death accurred at 110 M, from the causes and an the date stated above. saw the deceased alive an CTOR 22o SIGNATURE 22b.DATE SIGNED STAFF PHYS. ATTENDING MED DIRECTOR PHYS. M.D. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Harry J. Crawford Eastern Shore State Hospital, Cambridge, Md. FUNER 236 DATE THEREOF 23d LOCATION (City, Jown, or county) 23a. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 66 " 0 29b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a REC'D BY REGISTRAR VR A15 (4) Calling S. France 15M 9/59

death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

YES NO 7

IF UNDER 24 HRS. Hours

25 yrs.

PERFORMED? NO.

DATE SIGNED

(State)



FOR STATE HEALTH DEPT.

ector. Page your files. TO DEPUTY
EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any dely is please executed to certificate, writing the word "pending" in pendi in liem 18. Give Pages 1, 2, and 3 to the funer 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to yy TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 bays after death. 6 VS. A15ME 5M 7/59

	MARY	AND STATE DE	EPARTMENT OF H	EALTH	
Division of STATIS	TICAL RESEARC	H AND RECORDS,	301 W. PRESTON ST	REET, BALTIMORI	1, MARYLAND
13803	MEDICAL	EXAMINER'S	CERTIFICATE C	OF DEATH	13789

	PEACE OF DEATH COUNTY Dorchester	MARYLAND	a. STATE 'prom		b. COUNTY		before admission)
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (li outside corporate l			T-14
	write RURAL and give nearest town) Cambride 0		3 Cambrio	d_te			
	d. NAME OF HOSPITAL OR INSTITUTION (IF TO	pt in hospital, give street address)	d. STREET ADDRESS				. IS RESIDENCE
	2001 ine st.		200 Pir	ne £t.			YES NO
3.	NAME OF First	Middle	Last	4. DATE	Month	Day	Year
	(Type or print) Earl	Brown	Mack	DEATH	Dec.	0	19 50
5.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 18.	DATE OF BIRTH		(In years FUND		IF UNDER 24 HRS.
	ale ie ro w	VIDOWED DIVORCED	5/1/108	52	yrs. Month	s Days	Hours Min.
10a	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12.	CITIZEN O	F WHAT COUNTRY?
	Mechanic	Garage	Maryland	d		U.S	
13,	FATHER'S NAME		14. MOTHER'S MAIDEN		1		
	Malicah Hack		Hary J.	. Hollan	d		
	WAS DECEASED EVER IN U.S. ARMED FORCES		NFORMANT		Address	_	
[10	MO	"217-30-779d Kr	s. Sina Co	ornish	Cambri	die,	1.
1	18. CAUSE OF DEATH [Enter only one can	use par lina for (a), (b), end (c).]					ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Coronary ocolus	inn				SET AND DEATH
	DUE TO					1	
	Conditions, If any, which (b) gave rise to immediate cause					an Hammania A	
	(a), stating the underlying DUE TO						
_	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	T DELATED TO THE TERMIN	NAL D SEASE COND	TION GIVEN IN P	APT 1/=) 19	VACALITA ZAW
Č.	PARI II. OTHER SIGNIFICANT CONDITIO	No contributino <u>to bertiti</u> boj no	recally to the traini	WE DISTAST COILD	IIION GIVEN MAY		PERFORMED?
TEICA	20a EXTERNAL CAUSE WAS 2Db. PRIMARY or CONTRIBUTING	DESCRIBE HOW INJURY OCCURED. (E	nter nature of Injury in Par	t I or Part II of Item 1	B.)		ES NO A
Ü	CAUSE OF DEATH						
MEDICAL	20c. TIME OF INJURY Month, Day, Yaar Hour a.m.		CE OF INJURY (Home, form ry, street, office bldg., etc.		vn) (County)	(State)
	21. I certify that I took charge of t	he remains described above, hel	d an Autopsy	Inspection 🔼,	Inquiry	and	in my opinion
	death resulted from Natural cause	es 🕅, Accident 🔲, Suici	de, Homicide	, Undeter	mined manner		
			CHIEF MEDICAL	EXAMINER [
	ACTUAL SIGNATURE	moreta	M.D. ASSISTANT MED	ICAL EXAMINER			ATE SIGNED
	BURNING TO		DEPUTY MEDICAL	L EXAMINER 🔼 👚	12/14/6	00	
	NAME (Type) John Mace	_		c ty, town, or county			
22a	BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 12/13/60	Old Fig 1 Co		JULY DOL	.,	", JJ. "	(Stela)
23	FUNERAL DIRECTOR	ADDRESS	24a. REC	'D BY REGISTRAR	24b. REGISTRAR	S SIGNATU	IRE
	Herbert St. Clair	Cambridge, Md.	DATDEC	3.1 9.160		04	
_				A DIV		- TO THE ROOM	



1.

1 1 1

MARYLAND	STATE	DEPARTMENT	OF HEALTH
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- BALTIMORE 1, MARYLAND EATH

	DIAISION OF STATISTICAL KESTAKCH AND KECOKDS	-
3804	CERTIFICATE OF D	E

1	PLACE OF DEATH			2.	USUAL RESIDENC	E (Where dec			n: Residence	before oc	Imission)	
		chester, Co.		MARYLAN	D	Marv]	land		b COUNTY	Dorche	ster	Co
	b. CITY OR TOWN (If RURAL and give nee	outside corporate limits,	write c. I	LENGTH OF STAY IN 1	b	CITY OR TOWN		corporate li				
	Cambridge.	Maryland.		17 Years		Cambri	idge, l	Jarvl.	and			
	d. NAME OF HOSPITA	L (If not in hospital, give	street oddr	ess)		d STREET ADDRE	ESS				e. IS	RESIDENCE N A FARM?
L	Cavalier A					High, S	St					NO.
3.	NAME OF DECEASED	First		Middle		Lost	4. D/	ATE .	Mont	h	Day	Yeor
	(Type or print)	Minnie		Lee		artin	DE	ATH	12		7	19 60
5.	. SEX	6. COLOR OR RACE 7	MARRIED [NEVER MARRIED] B. D.	ATE OF BIRTH		9. AC	E (In years t birthdoy)	IF UNDER 1		INDER 24 HRS.
	Female	White	/IDOWED	DIVORCED [1 3	/5/187	4	8		Months D	oys Ho	urs Min.
	O USUAL OCCUPATIO	N (Give kind of work doing life, even if retired)	e 10b. KINI	OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE	(State or fore	ign country				AT COUNTRY?
L	Housewife		House	evri fe		James Ci	itar Con	inta.	Ve	U.S	.A.	
1:	. FATHER'S NAME				1.	LAMES CI	DEN NAME	,,,,,	101			
1	Robert Wil	ldnean				Hannah	Montte					
1	. WAS DECEASED EVER	IN U S ARMED FORCE	S? 16 SOC	IAL SECURITY NO 17	7, INFOR	MANT	THE LUT		Addr	053		
- 1 "	No (f	I yes, give war or dates of servi	CIP)	No 1	irs.	Robert V	Megand	. Glai	מיינולמ	Ave C	ambass	idaa M
-	TIB CAUSE OF DEAT	TH [Enter only one cous	per line fo			1	- Character	03.03	A	/		L BETWEEN
		'H WAS CAUSED BY	1610	bral	. 8	killo-	othe	00.	L. A		ONSET A	COLLA
	-	IMMEDIATE CAUSE (o)		OH TO	- M			7	19071		700	-JAL
	Candidan if	#	mle	. krali	70	La	rler	Lon	dona	21.		//
1	Conditions, if on gove rise to in	mediate	17						-6-10	ceo		
	couse (a), stating t	he under- DUE TO	1/4	1600	The same	2 5 34	20 1					
12	lying couse lost.	FR SIGNIFICANT CONDI	CONT. CONT.		. CC	DELATED TO THE	YERIAININ AI	^F1/F CO1	10171011 0111	PALIA BARY I	1 10 14	AC ALICONIA
1 6		21 i	TONS CON	INDUING TO DEATH	BUTNO	KEDATED TO THE	TERMINAL DI	SEASE COP	ADITION G181	EN IN FARI	PE	REORMEDO
ETA	00- 4510045		- CCCDIO	T MODEL IN THINK THE PARTY			' B 11-	0 11 -5	'a 10 i		YES	NO NO
MOTEURITATION	OR CONTRIBUTING	CAUSE OF DEATH	6. DESCRIBE	E HOW INJURY OCCU	RRED. (E	nter noture of inju	iry in Port I o	r Port II of	item IS J			
							e Tana					
FOICAL	20c TIME OF INJURY		20d. INJUR While	Not while		OF INJURY (Home street, office bldg		(City or to	wn)	(Co	unty)	(Stote)
12	p. m.	19	at work 🔲	ot work		1			/			
	21. I certify that	(1) (this haspital)	atténded	the deceased fra	m. [1	120	12 6 (ta	77	19.00	Pthat (l) (we) last
3	saw the decease	ed alive an	77	1966 and the	ıt deat	h accurred a	30187	am the	r causes and			
	226 S GALATIONE	1020	1									236. DATE
	1/	1 to	IK	2	M.D	ATTENDING PHYS	MED	ST.	AFF YS 🔲		12	1 Signed
П	22c PHYSICIAN'S	1111	<i>-</i>			228 ABDRESS	,	-		C-M	-	7100
	NAME (Type	4.4.4	AM	1/25		Cau	cor	cd	CIE	1120	rup	deed
2		N, 23b DATE THEREOF	23	NAME OF CEMETER	Y OR CR	EMATORY	23d. L	OCATION,	City, town, a	r county)	1	(Stote)
	REMOVAL (Specify)	12/9/196	0 .	James City	Che	-a Cemot	Carr	Norge	a. Vin	gira	()	
2	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	- 1	250.	REC'D BY RI			TRAR'S SIGN	IATURE	
	Le Compte	Funeral Ser	rvice,	Cambridge	, Mo					Chur S. +		
_						DAT	DEC 9	_'60		(1-01/7 <u>a</u> , /	A business	



director,

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filled

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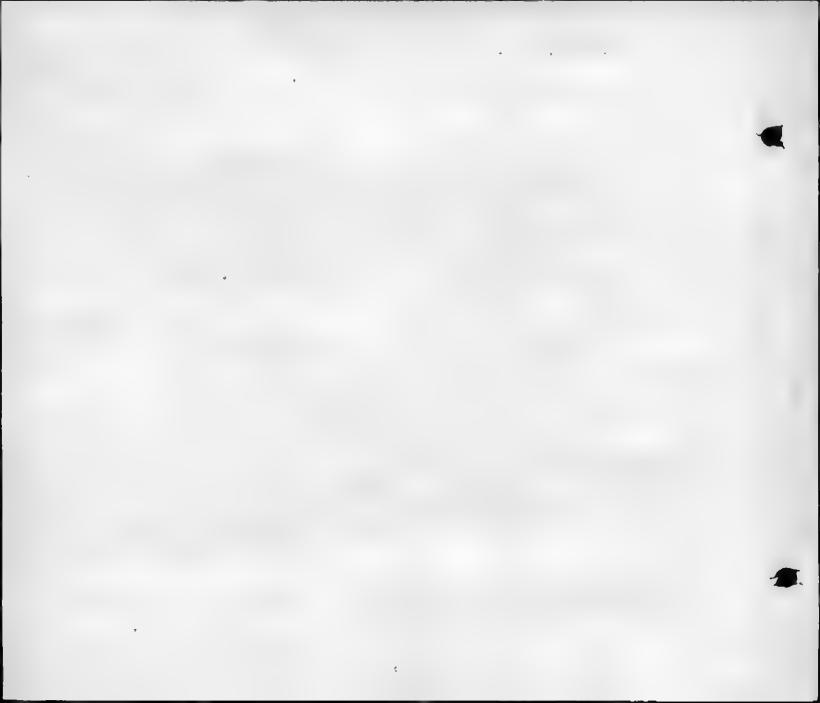
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after death. neral



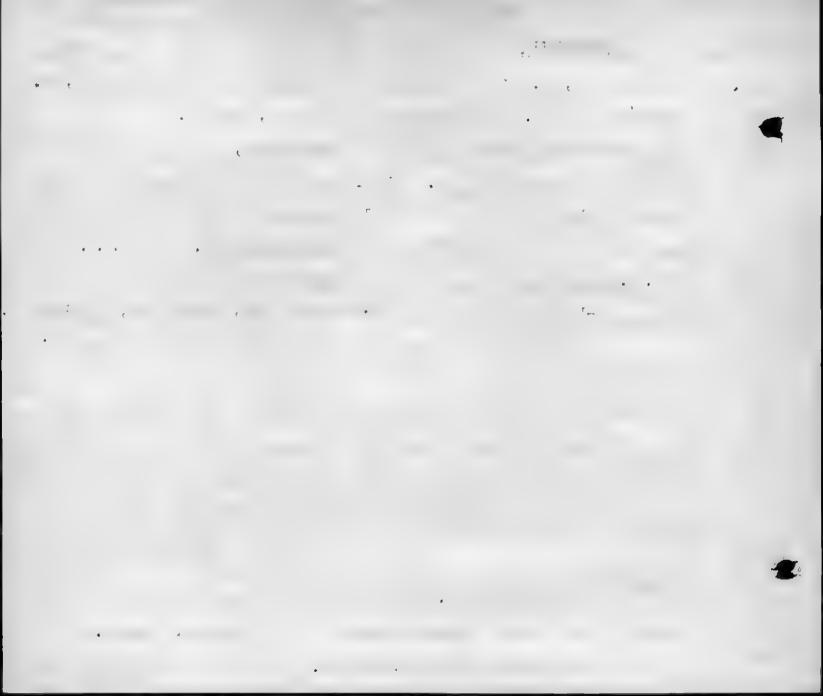
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND -MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY Page b. COUNTY Dorchester, Co. Dorchester, Co.
b. CITY OR TOWN (if outs de corporete lim is Heal MARYLAND ector. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town). write RURAL and give negresi lown) io. Cambridge, Maryland. 12 Years
d. NAME OF HOSPITAL OR .NSTITUTION (If not in hospital, give street eddress) Cambridge, Maryland. d. STREET ADDRESS . IS RESIDENCE ON A FARM? be retained State I YES NO X West End Ave Cambridge Maryland Hospital death. Middle ve Pages 1, 2, and 3 to the fit.
PM3. Page 5 may be retail
a pages 1 and 2 with the Str
t Within 73 hours after deal 4. DATE DECEASED OF (Type or print) DEATH 19 60 G. Miller 6. COLOR OR RACE 7. MARRIED WEVER MARRIED AGE (In years (IF UNDER 1 YEAR, IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Davs Hours WIDOWED [DIVORCED White USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? form PM3, Page done during most of working life, even if retired Baltimore, Maryland. Railroad U.S.A. Fuel Agent 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Amelia Miller Address (Yes, no. or unkown) | (If yes give weror detas of service) Office along with fr burial-transit permit, movel, and in any e Mrs. Flossie Miller, West End Ave, Cambridge NO

RECAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronery occlusion IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause "pending" ris. DUE TO (a), stelling the underlying K) cremation. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO F should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should b 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | bage 3 short to burial, CAUSE OF DEATH. the certificate, writing 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) 2De. TIME OF INJURY Month, Day, Year [County] (State) fectory, street, office bidg., etc.) While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection In Inquiry and in my opinion agent, death resulted from: Suicide Natural causes 1 Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EKAMINER'S NAME (Type) John Hace Address (Street, city, town, or county) 22c. NAME OF CEMETERY OF CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) ₽40 g Cambridge Maryland Burial 23. FUNERAL DIRECTOR VS. ATEME DATE DEG 2 2 '60 arihan S. Kraus 5M 7/59 Le Compte Funeral Service, Cambridge, aryland



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) filed v o. COUNTY b. COUNTY INVESTMENT AND RESERVE Dorchester, Dorchester, Co. Marvland uneral b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 å c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) D Life Woolfords, Maryland, Woolfords. Marvland d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION by Normal None .5 NAME OF First. Middle Lost 4. DATE Month Filled DECEASED death (Type or print) DEATH oges Mills Beulah Brooks 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoyl Months DIVORCED [WIDOWED [complei yrs. Female papers. 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? ond Housewife Dorchester, Co. Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ò physician Jefferson Brooks Miranda Parker remove IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address attending Mr. Roy B. Mills. Woolfords Maryland. No Nο None 18. CAUSE OF DEATH [Enter only one couse par line for (o), (b), and (c) ᆸ PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO þ Conditions, if ony, which gned fb' gove rise to immediate DUE TO cause (a), stoting the under-1 1/3 lying couse lost burial-transit attending physician CERTIFICATION OTHER'S GNIFICANT CONDITIONS NOTRE ATED TO THE ZERMINAL D SEASE CONDITION GIVEN INTPART 1(a) 19 WAS AUTOPSY 260 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) certificate as the l MEDICAL 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City or town) factory, street, office bldg., etc.] o. m While Not while at work at work 196 010 21 I certify that (I) (this hospital) attended the deceased from. detoched saw the deceased alive an 19 6 G and that death occurred a M, from the couses and on the date stated above. FUNERAL CIRECTOR: ATTENDING MED DIRECTOR PHYS MD Board 22c. PHYSICIAN SA 22d ADDRESS pluods e DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown, or county) 23a SURIAL, CREMATION, REMOVAL (Specify) **Ministry** Cambridge, Md. 1960 Burial Dorchaster Memorial Park 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR

Le Compte Funeral Service, Cambridge, Maryland; PATE DEC 9

MARYLAND STATE DEPARTMENT OF HEALTH

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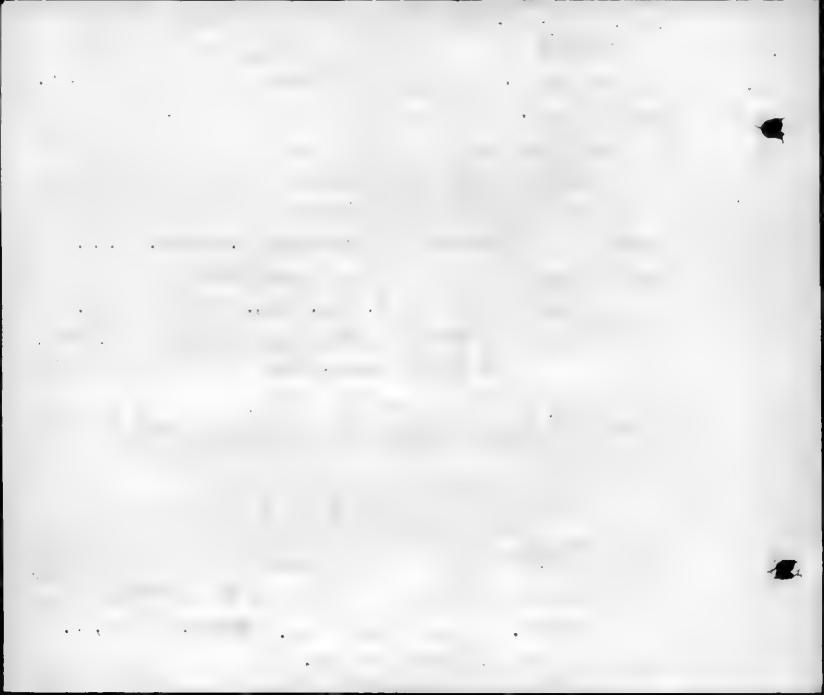
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CERTIFICATE OF DEATH

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Le Compte	Funeral Sa	ervice.	Cambridge.	Marvl	and DATE	JAN 3	'61	- sthee, &	Thank	



ATTINDIME FITTICIAE: The law requires that the death certificate be executed within 211 hours after death. Finge 4

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 12900

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saw the deceased alive an 12-20-19 6 and that death accurred at M, from the cause 22a. Signature ATTENDING MED DIRECTOR STAFF PHYS 22c PHYSICIAN'S NAME (Type) Wilbur Baumann Cambridge Marylan 23a. BJRIAL CREMATION 23b. DATE THEREOF REMOVAL (Spec fy) BURIAL 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b			(I) (this haspital	1) attende	ed the deceased	fram C	C)	10 10	£ 6 . ta .	7 20	1 , 19/2	C' the	at (I) /s	we) lost
22c PHYSICIAN'S NAME (Type) Wilbur Baumann Cambridge Marylan 23d. ADDRESS 23d. ADDRESS 23d. ADDRESS 23d. LOCAT ON (C 19. 1c Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ATTENDING MED DIRECTOR STAFF PHYS STAFF PHYS SIGNATURE 22d. ADDRESS 22d. ADDRESS 23d. ADDRESS 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (C 19. 1c Cambridge Cambridge 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25d. REC'D BY REGISTRAR 256		saw the decease					1							
22c PHYSICIAN'S NAME (Type) Wilbur Baumann 23c BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY PEMOVAL (Spec fy) 12/22/60 Dorchester Mem Park Cambridge Marylan 23d LOCAT ON (C 19. 10 Cambridge Cambridge ADDRESS 25d. ADDRESS		22a. SIGNATURE	3			МВ				STAFF			226	SIGNED
Wilbur Baumann Cambridge Marylan 230. BURIAL, CREMAT ON 23b. DATE THEREOF REMOVAL (Spec by) Burial 24 FUNERAL DIRECTOR'S SIGNATURE Wilbur Baumann Cambridge Marylan 23c NAME OF CEMETERY OR CREMATORY Dorchester Mem Park Cambridge Cambridge ADDRESS 25c. REC'D BY REGISTRAR 25b	ı			70	, ,	1410			KECTOR L	LU12				\
230. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY Burial 12/22/60 Dorchester Mem Park Cambridge 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b	۱	1 , , , _	Vilbur Bau	mann			Ca.	mhrid	laa Ms	muland				
Burial 12/22/60 Dorchester Mem Park Cambridge 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25G. REC'D BY REGISTRAR 256	1	Ma. BURIAL, CREMAT ON			23c NAME OF CEM	ETERY OR CI					or county)		(State	-)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 256		Burial (Spec by)	12/22/6	0	Dorchest	er Mew	Danie		Cam	hridae	Md_			
Le Compte Funeral Service, Cambridge, Md. DEC 27'60	2	4 FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				D BY REGIST	RAR 256 REG	ISTRAR'S SI	GNATUR	E	
DATE AND I CLEAR TO I THE THE PARTY OF THE P		Le Compte 1	Tuneral Se	rvice,	, Cambridg	e, Md.		DATE DE	EC 2 7 '6	0 0	other 9	4		



TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be reformed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician of completely filled in by funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbin pages 1 and 2. Sould be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 7 hours offer death.

VR A1S (4) 15M ■/59

	MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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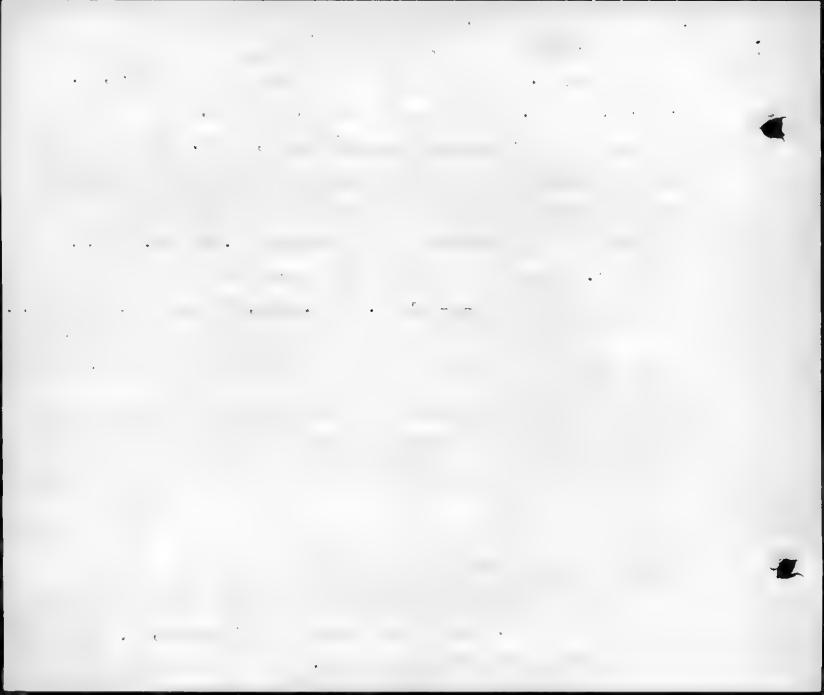
DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

13833 CERTIFICATE OF DEATH

1		JAL RESIDENCE (Where deceased lived If institution: Residence before admission)
24	a. COUNTY DORCHESTER MARYLAND . 5	MARYLAND 6 COUNTY ALBOT
	b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c. (RURAL and give nearest town)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	CAMBRIDGE 9 DAYS	TILGHMANS
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EASTERN SHORE STATE HOSP.	STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\text{NO FOR } \)
3.	3. NAME OF DECEASED ETHEL MAY PA	CLE OF DEATH DEC. 25 1960
	FEMALE WHITE WIDOWED DIVORCED JU	OF BIRTH 12415, 1884 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Min
10	100 USUAL OCCUPATION (Give kind of work done) during most of work ng life, even if retired) HOUSEWIFE HOUSEWORK	BIRTHPLACE (Stoke or foreign country) 17 ARYLAND 12.CITIZEN OF WHAT COUNTRY? U.S.A.
13	DAWSON BALL	EVA HUN.T
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMA (Yes. no. or waknown) (If yes. over wight of dates of service)	HOSPITAL RECORD
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) ADENDEARCING	MA OF RECTUM UNKNOWN
	1 5 4 X DUE TO	
	Conditions, if any, which) IN CHRONIC CARDION	ASCULAR DISEASE
	gove rise to immediate	Mad C. A sent d. t. B. I mad half \ \ 2 A lea
	couse (o), stating the under-	
Z C E A	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL D-SEASE CONDITION GIVEN IN PART 1(0, 19 WAS AUTOPSY PERFORMED? YES \(\subseteq NO \(\subseteq \)
	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	noture of injury in Part I or Part II of item 18)
AFDICAL		INJURY (Home, form, 20f (City or town) (County) (State)
Í	21 I certify that (I) (this haspital) attended the deceased from DE	2. 16 2068 - DEC. 24 2060 Harm
	saw the deceased olive on DEC 24 1960, and that death of	occurred at 2 pM, from the couses and on the date stated above
	220 SIGNATURE	occurred or 22_ppm, from the couses and on the date stated above
	Ellow the Tilippe on A	TTENDING MED STAFF TO DEC. 25 191
	122c PHYSICIAN'S ETTORE DEFILIPPIS 22	FASTERN SHORE STATE HUSP.
23	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREM	ATORY 23d. LOCATION (City, town, or county) (State)
	BURIAL 12/27/60 METHONIST	(FMT. TILGHMAN 12/D.
24	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	W. Franch (ased) STATILLAR	LEPROATE DEC 2 9'60 Cathan & Haus
	the state of the s	



		13807	ARYLAND STATI OF STATISTICAL RESEARC CERTIFIC		BALTIMORE 1		71.5	១២៧:	<u>ئ</u>
1. PLA	ACE OF DEATH			II a STATE	CE (Where decea	sed lived. If institut	on: Residence bei	ore admiss	edn)
	Dorch	ester, Co.	MARYLAN	New New	Jersey	D. COO1111	Mercer,	Co.	
b. (CITY OR TOWN (RURAL ond give n	If outside corporate limits, wi	ite c LENGTH OF STAY IN	th c. CITY OR TOV	VN (If outside car	porate limits, write l	RURAL and give ne	parest fown	1
-		, Maryland.	2 Weeks	Trenton,	New Jer	sey.			
d.	NAME OF HOSPI	TAL (If not in hospital, give si	reel address)	d. STREET ADD	RESS	4	-444	e. IS RES	IDENCE FARM?
		Maryland Hos	pital	802 Lib	erty, St	treet.	7/X-		NOT
3 NA	ME OF CEASED	First	Middle	Last	4. DATE	Mo	nth C	ay '	Yeor
	pe or print)	Frances	Linthicum	Pasko	OF DEAT	rH 12	J	ւև ։	19 60
S. SEX	(6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years			
Fe	male	White wit	OWED DIVORCED	12/5/193	32	lost birthdoy) 28 yrs	Months Days	Hours	Min.
10a U	SJAL OCCUPATI	ON (Give kind of work done	106 KIND OF BUSINESS OR II	NDUSTRY 11. BIRTHPLACE	(State or foreign		12. CITIZEN C	F WHATC	OJNTRY?
2 h	ecritary	king life, even if retired)	Secritary	Dorche	ster. Co	Marylar	nd. U.S	3.4.	
	THER'S NAME		00012001	14. MOTHER'S MA		y many y alux	24. 0.1	/ 9./4.9	-
	Thomas	G. Linthicum		1 0	nes Tyle	9.72			
	AS DECEASED EVI	R IN U. 5 ARMED FORCES?		17, INFORMANT	<u> </u>		dress		
	o, or unknown)	(If yes, give war or dates of service)	214-28-8541	Mr. Mike D.	Parka 80	70 Tiberti	v. St. Tr	cento	n M
TIB		ATH Enter only one couse p		_ 00	TABAULU	JZ MIJOET III	IIN'	TERVAL BE	TWEEN
		ATH WAS CAUSED BY	Cherry	TE Nevole	T-)(2	2-mari		SET AND	
		IMMEDIATE CAUSE (o) DUE TO	C 700 . C	7	1:				*
11,	Conditions, If	TO VICE A	(la ans	· hundin	Tin		4	4-22	- 2
9	gove rise la i	immediate (DUSTO	Curre	7 7 7				1 - 1	
	couse (a), slating lying couse lost.	the nuder-							
1 2		, , , , , , , ,	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	IF TERMINAL DISE	ASE CONDIT ON GI	IVEN IN PART 1(o)	19. WAS	AUTOPSY
CATION	ſ	"denistintes	y Jenly	Priconere	n 4 "	masa		PERFO	NO IX
= 20	On, ACCIDENT W	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCI	JRRED. (Enter nature of in	iuly in Port Lor P	or II of item 18.)		163	
ERT O	R CONTRIBUTING	CAUSE OF DEATH			10.7				
			od. INJURY OCCURRED 20	e. PLACE OF INJURY (Hon	ne. form. 20f (C	ily ar lown)	(County	()	(Stote)
MEDICAL	Hour a.m	v	/hile Not while	factory, street, office bl		,	(2001)	1	(2.0.0)
171	p. m.			// 5 /	i	1 1			
1 1	-	111	tended the deceased fro		19 60. to		19 60, 1		
	aw the decea 20 SIGNATURE	sed alive an ./	19_6°, and th	at death accurred a	it / 7/M, frai	m the causes a	nd an the dat		
	28 SIGNATURE	13.		M.D ATTENDING	« MED.	STAFF PHYS		11	6, DATE SIGNED
1 2	2c. PHYSTCIAN'S) := + E-		M.D PHYS 22d ADDRESS	DIRECTOR	_ PHYS _	12	-/4	- 40
	NAME (Type)			TEG. ADDRESS					
-			T						
R	REMOVAL (Specify	ON, 23b. DATE THEREOF	23c. NAME OF CEMETE			LATION (City, fown,		(Sto)	·e)
	rial	12/16/1960				ruck Greel	STRAR S STGNATI	1205	
	INERAL DIRECTOR		ADDRESS		o. REC'D BY REG				
The	· vompte	Funeral Servi	ce. Cambridge.	Maryland, D.	ATE DEC 2 2	C 00	Irthur S. th	ANE	



Division of STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If institution Related before admission) 1. PLACE OF DEATH e. COUNTY ector. Page your files. b. COUNTY Dorchester, Co. MARYLAND Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 your write RURAL and give neerest town! Cambridge, Maryland. Cambridge, Maryland. 27 Years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? may be retained 2 with the State B and 3 to the funer 120 Glasgow. Street YES NO 120 Glasgow, Stree 3. NAME OF Middle DECEASED OF (Type or print) DEATH 1960 Gertrude Pete Seymour with 6. COLOR OR RACE 7. MARRIED TY NEVER MARRIED AGE (In yours | IF UNDER 1 YEAR) IF UNDER 24 HRS. B. DATE OF BIRTH lest birthday) Months and 27 DIVORCED Female White WIDOWED [27 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? form PM3, Page done during most of working life, even if retired) paged in pencil in Item 18, Give Pages Seamstress Seamstress Wooniskey Vermont II-S.A. 13. FATHER'S NAME George Seymour Elma Seymour 15. WAS DECEASED EVER IN U.S ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) ! (If Yes give werordetes of service) Mr. Pete, 120 Glasgow, St. Cambridge, Md. Office along with burial-transit perm 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND PEATH PART I. DEATH WAS CAUSED BY: min. or onary ocal asion MMEDIATE CAUSE (6) DUE TO Conditions, if any, which gava risa to immadiata causa "pending" DUE TO (e), steting the underlying cremation, PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6), 19. WAS AUTOPSY CERTIFICATION PERFORMED the certificate, writing the word 2 should 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. Chief 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) should be forwarded to the Chie

FUNERAL DIRECTOR: Page

FUNERAL DIRECTOR: Page 20c. TIME OF INJURY Month, Day, Year (County) fectory, street, office bldg., etc.) While Not While Hour e.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Natural causes XX death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNA DEPUTY EXAMINER S 300 NAME (Type) Address (Street, city, town, or county) 226, BURIAL, CREMAT ON. 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Spec fy) 0 ₽40 Cambridge Maryland Burial Dorchester Memorial 23. FUNERAL DIRECTOR VS. AISME Le Compte Funeral Service, Cambridge, Md. DA DEC 2 2 '60 5M 7/59 Clathur & the

MARYLAND STATE DEPARTMENT OF HEALTH

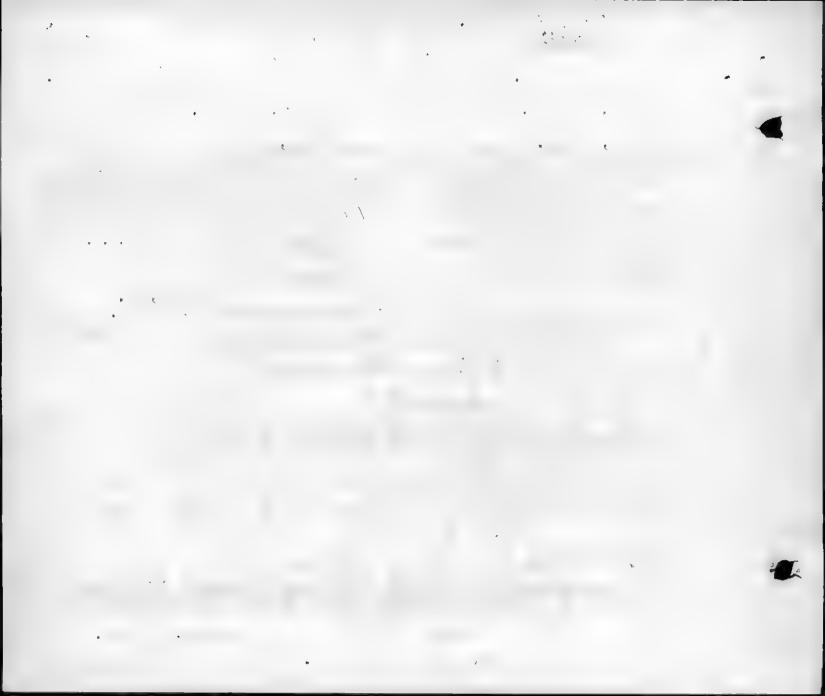
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MARYLAND	STATE DEPARTMENT	OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		13800		CERTIF	ICAT	E OF DEATH	1			1381	10
1, PL o.	ACE OF DEATH COUNTY DOT	chester, C	0.	MAR	rLAND	o. STATE Maryla	Vhere deceased nd	b COUNTY	on: Residence	ster,	mission)
	"RURAL and give ned	outside corporote limi grest town) Maryland		7 Years	IN 1b	Cambridge	outside corpo	rate timits, write R	URAL and g	ive nearest	own)
	or estitution 120 Wills	Street.	jive street or	ddress)		d. STREET ADDRESS	Stree	t		0	RESIDENCE N A FARM?
	AME OF ECEASED ype or print)	Add ie		Middle aromm.	Phill	ips	4. DATE OF DEATH	Mon 12	2	15	Year 19 60
$\overline{}$	Female	6 COLOR OR RACE White	WIDOWED		0 0 2	DATE OF BIRTH		9 AGE (In years ost birthdoy) yrs.	Months	Doys Ho	
_H	during most of working the OUSEWIFE	N (Give kind of work ng life, even if retired	}	usewife	OR INDUSTI	Maryland		ountry)		S.A.	AT COUNTRY?
	Unknown		T			14. MOTHER'S MAIDEN Unknown					
(Yes	No or unknown) (I	IN U. S. ARMED FOR f yes, give wer or dates of t	erv-ce)	None	Le	Compte Fune	ral Se	Cambridge	, Md.		
	PART I. DEAT 33 / Conditions, if on		(a)	rterio	200	knon	has	0_:	-	INTERVA	L BETWEEN
7	gove rise to in couse (a), storing t .ying couse lost.	he under: DUE TO)X	Simile	ti	.					L. Lutoru
TIFICATION	On ACCIDENT WA	ER SIGNIFICANT CON	an	y le	LAL	OT RELATED TO THE TER	2		A O	YES	RFORMED
1 -: 1-		CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Ye 19	While	JURY OCCURRED Not while	20e. PLAC focto	E OF INJURY (Home, for	rm, 20f. (City	or town)	(C	ounty)	(Stole)
	saw the deceos	t (I) (this hospito) attende			1/13 Just occurred of 1	0 0 40 4 M, from	the couses or			
	220 SIGNAULT	7556		NS.	. M.	D. PHYS 22a, ADDRESS	MED DIRECTOR [STAFF PHYS			226 PATE SIGNED
	NAME (Type)	N.H.H	AN	KS. M	1	CAMB	RID	6E /	TARY	16Ar	1) (0
	BURIAL, CREMATION REMOVAL (Specify) DUTIAL UNERAL DIRECTOR'S		960	23c. NAME OF CEN		etert			laryla		(Stote)
			ervice		lge, M	aryland PATE [allum 8	#	



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MARYLAND STATE DEPARTMENT OF HEALTH

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1	3834	4	CEI	RTIFICA	ATE	OF D)EA	HT
_								

13834	CERTIFICA	TE OF DEATH			# 3	802
PLACE OF DEATH O. COUNTY DORCHESTER	MARXUANO	2. USUAL RESIDENCE (Who o. STATE MARYLAN	Ь.	If institution Resider	nce before admi	ission)
 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	-	c CITY OR YOWN (IF or	utside corporate limi	ts, write RURAL and	give nearest to	wn)
d NAME OF HOSP TAL (If not in hospitol, give stree OR INSTITUTION	SVPS IOMCS	d. STREET ADDRESS	1		e IS RI	ESIDENCE A FARM?
EASTERN SHORE STATE HOS	PITAL		O.	070		NO. <u>™</u>
3. NAME OF First (Type or print)	Middle BARBARA RI	ITTEN HOUSE	4. DATE OF DEATH DIC	Month SEMBER	Doy 2	Year 1960
S. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH MARCH 15 18	9. AGE		RTYEAR IF UNI	DER 24 HRS
19a. USEAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote of	or foreign country)		TIZEN OF WHAT	COUNTRY
HOUSE WIFE 13 FATHER'S NAME	Hame	14. MOTHER'S MANDEN N			15A,	
JAMES HUTCHISON		SUSANNA	SANO			
(Yas, no, or unknown) (If yes, give wor or dates of service	- 2 /	HOSPITAL RE	CORDS	Address		
1B. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY.					INTERVAL I	ID DEATH
S 2/V DUE TO	EREBRAL H		G- F		3 wi	eeks.
couse (o), stoling the under-						

CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO K

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work

21 I certify that AT (this haspital) attended the deceased from FEB 1955, ta DEC 3 , 1960, that (1) (we) last DM, from the causes and on the date stated above. eo, and that death accurred at Z saw the deceased alive on 220 SIGNATURE 22b. DATE

(County)

(Stote)

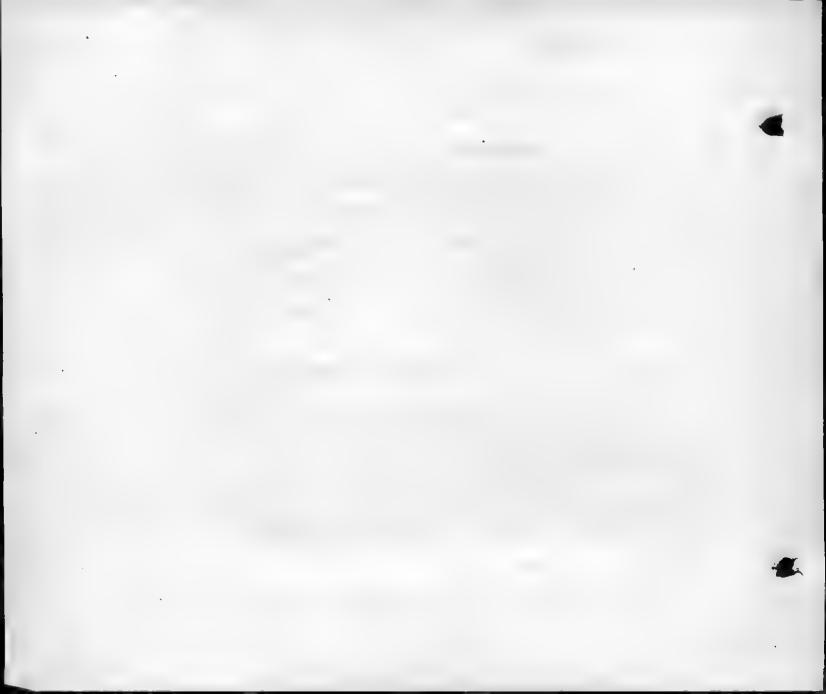
SIGNED ATTENDING PHYS M.D

22d ADDRESS PHYS CIAN'S NAME (Type)

23c MAME OF CEMETERY OR CREMATORY BURIAL CREMATION, **JOCATION (City** (Stote) REMOVAL (Specify) 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR

DATE

VR A1S (4) 1SM 9/59



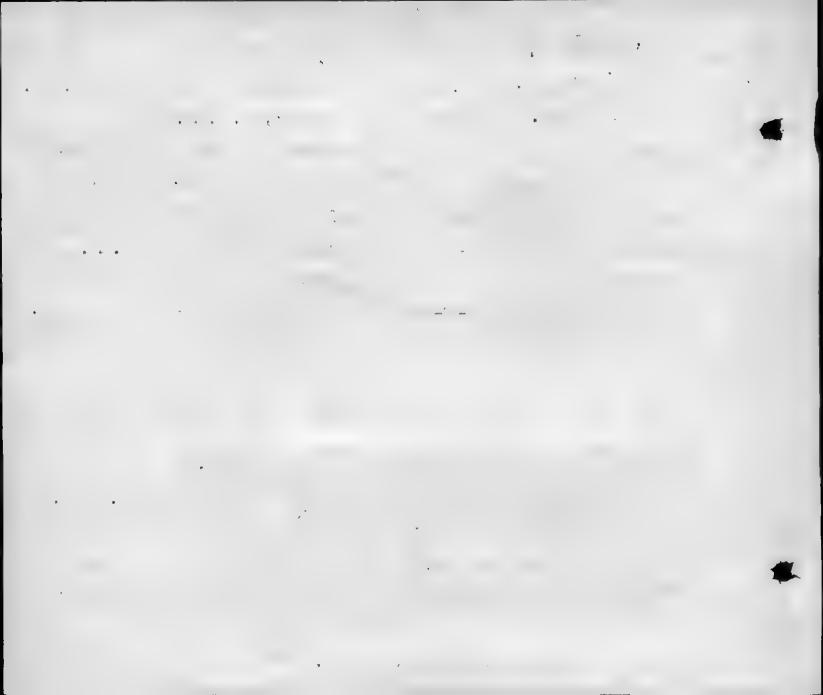
		1	3810		STATISTICAL RESEA	RCH AN	PARTMENT OF DEATH	IMORE 1,		el in	30	0.5
	1 F	PLACE OF DEATH S. COUNTY DORGHE		lii.ur		2 USUAL RESIDENCE (W o. STATE MARYLANT		ence before admission)				
	ş	CITY OR TOWN (If o	utside corporate limits	, write	c LENGTH OF STAY	IN 16	c. CITY OR TOWN (If		prote limits, write Rt			
1	-	CAMBRIDGE. d. NAME OF HOSPITAL OR INSTITUTION	MARYLAND.	e street o	1 WEEK		MT. HOLL d STREET ADDRESS	LY, MA	RYLAND.		0	RESIDENCE N A FARM?
7	_(CAMBRIDGE MARYLAND HOSPIT			AL		NONE	NONE				□ NO 🖸
	. 1	NAME OF DECEASED	First		Middle		Last	4. DATE OF	Mont	h	Doy	Yeor
		Type or print)	ROBERT		E.		ERSON	DEATH		IETINISES I VI	31	19 60
	5 5	SEX 6			IED NEVER MARRI		DATE OF BIRTH		lost birthday)	Months Da		
	_	ALE	29 C 1 1 C 1	WIDOWE	_AT		/14/1883		77 yrs.	100 011170		17.0010100000
	100	during most of working	(Give kind of work do g life, even if retired)	ne lub.	KIND OF BUSINESS C	OK INDUST	RY 11. BIRTHPLACE (Stole	e or toreign c	ountry)	12. CHIZEN	OF WH.	AT COUNTRY?
	12	FARMER FATHER'S NAME		F	ARMER		MARYTAN 14. MOTHER'S MAIDEN			1	J.S.	A
į	13.	FAIRER 3 NAME					14, MOTHER 3 MINIDEN	HAME				
	15	CHARLES B		FS2 14	SOCIAL SECUPITY NO	17 INF	FANNTE	PHOMAS	Addr			
		(Yes, no, or unknown) (If yes, give wor or dates of service)										
		NO 216-18-89141 MRS JEAL LEWIS CAMBRIDGE MARYL										L BETWEEN
)	PART I. DEATH WAS CAUSED BY COMPANY HOMOTOPING										ND DEATH	
		IMMEDIATE CAUSE (o) COTTODIAT THERIOTITIES										
	Hypertensive Cardio Vascular Disease											
		gove rise to immediate (b)										
		couse (o), stating the lying couse lost.	under-									
PI,	Z	(4)										
3	ATIC				Uremia						PE	RFORMED?
	CERTIFICATION	20a ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY MI	JNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	706. DESC	CRIBE HOW INJURY O	CCURRED	(Enter nature of injury in	Port I or Por	ri II of item 18.)			
	MEDICAL	20c TIME OF INJURY Hour o.m. p.m.	Month, Day, Year	20d. IN While of worl	NJURY OCCURRED Not while		E OF INJURY (Home, formary, street, affice bldg, etc.)		y or town)	(Cour	ıly}	(Stote)
		21. I certify that (I) (this haspital) attended the deceased fram. 1-21-57 19 to 12-31-60 19 that (I) (we) last saw the deceased alive on 22-31-60 and that death accurred a5:15PN ram the causes and on the date stated above										
		saw the deceases	d alive-on 172-	31-6	Q 19 and	that de	ath accurred aD:1	LA Mram	the causes and	d on the d	ate sta	ted above
1		CECKER	10 Du	nke	2	М	D PHYS 🔣 D	AED DIRECTOR [STAFF PHYS		1-3	-61
			lbert E. B		r, M. D.	,	22d. ADDRESS 200 Mary	yland .	Ave., Cam	bridge	, Ma	ryland
		BURIAL, CREMATION, REMOVAL (Specify)			23c NAME OF CEM	ETERY OR	CREMATORY	23d LOCA	TION (City, town, o	r county)		(Stote)
1		BURTAL. FUNERAL DIRECTOR'S S	1/2/1961	•	BARTIST C	HURCE			FORD, MAR	YLAND.	TIPE	
1			UNERAL SER	VICE		E M	RYLAND DATE	JAN 9		Thun 8.		A
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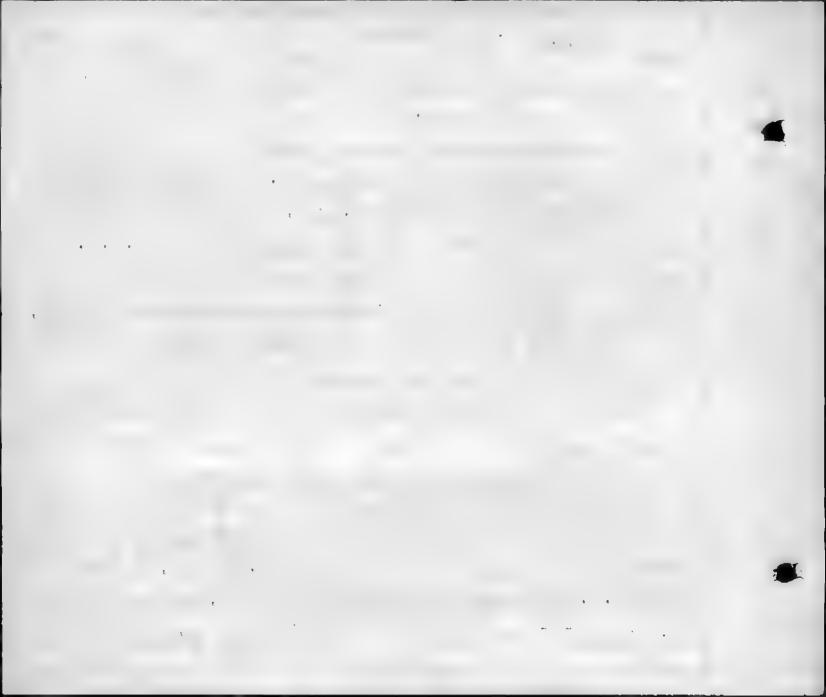


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **FOR STATE** HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If Institution: Residence before edmission) files. Health, . COUNTY necessary, ector, Page b. COUNTY orchester, Co. Dorchester, Co. MARYLAND b CITY OR TOWN (if outside corporate aim ts, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (if outside corporeta I mils, write RURAL and give nearest town) write RURAL and give nearest town) Cambridge, Maryland. Life Cambridge, Md. R.F.D.# 3 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. STREET ADDRESS e. IS RESIDENCE ON A FARM? ould be executed within 24 hours after death. If any definition from 18. Give Pages 1, 2, and 3 to the funer Page 5 may be retained at 1 and 2 with the State of 72 hours effer death. None YESTY NO None 3. NAME OF M ddla Last 4. DATE Month!! "Tr. Chon 11 DECEASED OF (Type or print) Seward DEATH Franklin 1 Wan 19 6. COLOR OR RACE 7, MARRIED NEVER MARRIED AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH last birthday) Months Days Hours Male 10e USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Farmer Maryland U.S.A. pages form PM3. TB. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File Unkown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) ((Ifyes glyawar ordetes of service) LeCo upte Funeral Home. Cambrid, e. Md. Office along with burial-transit permi 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, and .MMEDIATE CAUSE (a) removal, **DUE TO** This certificate should Conditions, if any, which d "pending" | Examiner's C gave rise to immediate cause Œ DUE TO [e], stating the underlying SE cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 the certificate, writing the word NO Medical plnous 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Iam 18.) PRIMARY | or CONTRIBUTING | EXAMINER: Found frozen in yard of his home. CAUSE OF DEATH should be forwarded to the Chief
FUNERAL DIRECTOR: Page 3 | 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Slate) Not While Yard, hone While Hour e.m. Iln'mown Dor. et work at work In 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion Accident FA death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 1/10/61 DEPLITY MEDICAL EXAMINER-F EXAMINER'S DEPUT NAME (Typa) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Cambridge, Dor. Md 3.3.6 Cr mla Z 4 0 2 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Le Compte Funeral Service, Cambridge, Maryland, DAMAN 17'61 arihur & thous 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

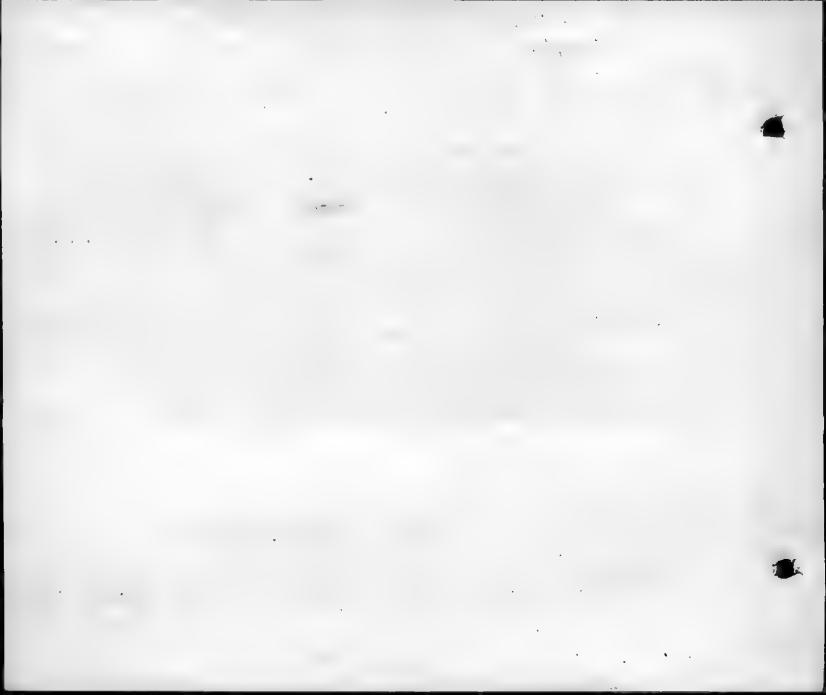


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bis certification		Hour	INJURY Month, Day, Ye o. m. p. m. 19	White	Nat while	20e. PL/ fac	ACE OF INJURY (H story, street, office	ome, farm, 20f. (Cir bldg., etc.)	y or town)		(County)	(State)	
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P Popularion		alive on	12-12-				occurred at	3:15A M, fro	m the co	USBS COC	on the date	stated show	
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may be boge 3 s he regis	1	REMOVAL (S	- 1 2 m 2 m 2 m 5	- 1	22c. NAME OF CEM			spital Can	NON (City,			(State)	
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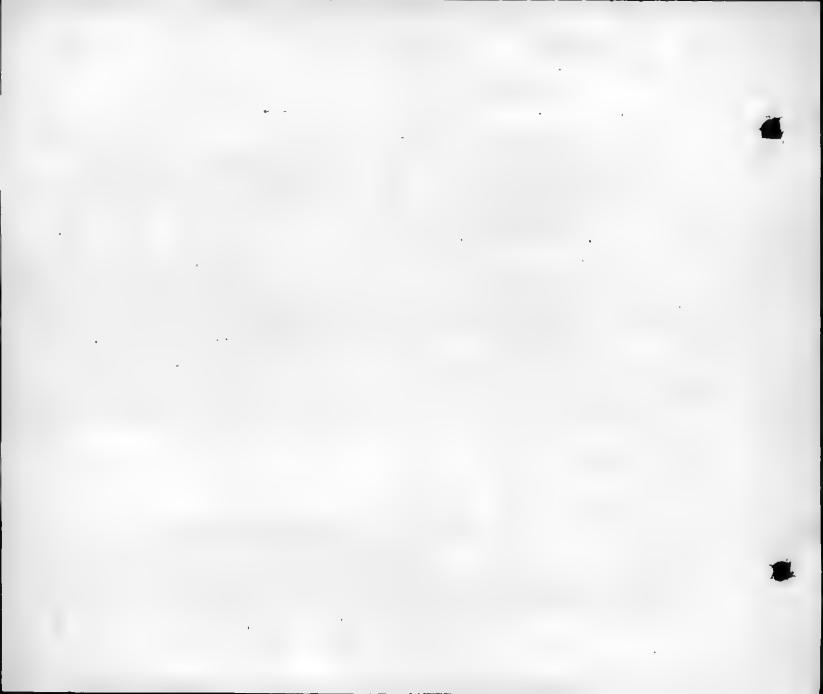


DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, iled with PLACE OF MAN 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission n. COUNTY g. STATE b. COUNTY filed Dorchester MARYLAND Marvland Somerset ineral b. C TY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) Crisfield 2yr.6mo.8das. d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Gandy Lane Eastern Shore State Hospital YES NO X .5 6 NAME OF DECEASED 4. DATE Middle Lost Manth Ethel December Sterling DEATH 1960 (Type or print) S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS Months 10-4-74 White DIVORCED [WIDOWED D YES 10a, USLAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) U.S.A. Maryland pup 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6 wilhin Mary Ellen Bradshaw Isaac Ross Sterling physicic remove WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 212-10-4687 RECORDS - Eastern Shore State Hospital attending no eose 1B. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ă Terminal Bronchopneumonia PART I. DEATH WAS CAUSED BY: DUE TO Chronic Cardiovascular Disease Canditions, if any, which permit (b) beug gave rise to immediate General Arteriosclerosis DUE TO cause (a), stating the underlying cause last. been si PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? YES NO P 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part II of item 18.) 20c. TIME OF INJURY Day, Year 20/ INTURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, | 20f. (City or tawn) (County) (Stote) factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at wark 1958 ..ta Decem. 6 rlay 29 19⁵⁰, that (I) (we) lost 21 I certify that (I) (this haspital) attended the deceased fram.___ 1960 Dec. 6 and that death accurred at 10 10 M, from the causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b DATE SIGNED ATTENDING PHYS. STAFF PHYS. MED DIRECTOR TO FUNERAL DIX. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) E.S.S. Hospital, Cambridge, Md. 23o BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Bunia 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25g, REC'D BY REGISTRAR DATE DEC 1 2 '60 1SM 9759

MARYLAND STATE DEPARTMENT OF HEALTH

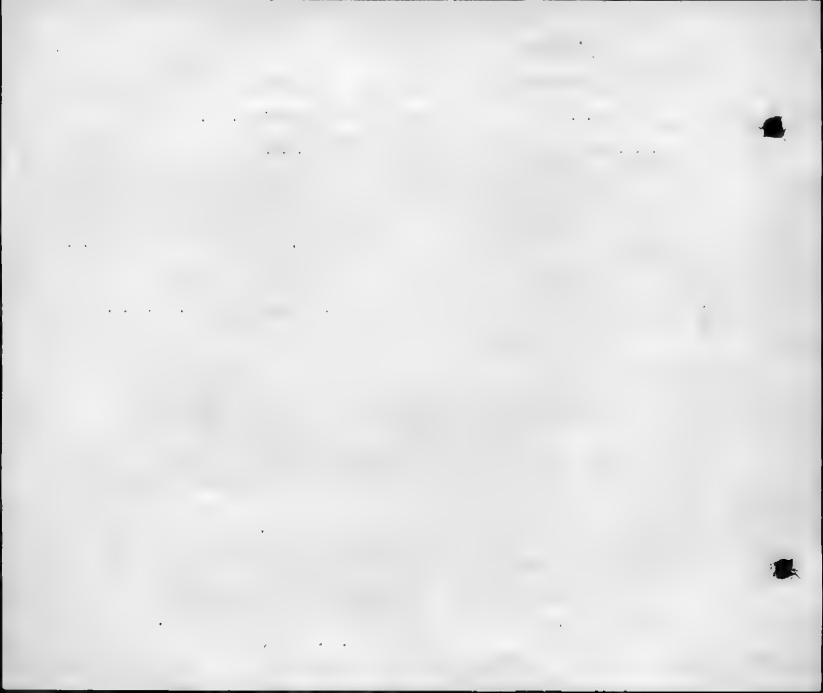


b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) CAMBRIDGE SALISBURY A NAME OF BRIDGE OR INSTITUTION CAMBRIDGE A NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION CAMBRIDGE A NAME OF DECEASED (Type or print) SEX COLOR OR RACE MARRIED NEVER MARRIED DECC. 24 Month DECC. 25 SEX COLOR OR RACE MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED NOV. 8 88 9 AGE (In years list uithdoy) Months Days Months Days Months Days The print of th	OF HEALTH ALTIMORE 1, MARYLAND TH
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ONS	ASCULAR DISEASE INTERVAL BETWEEN ONSET, AND DEATH UNKNOWN
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. Column To Cherker AL ARTERIOSCLEROSIS (c)	OSCLE ROSIS
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	. 1957, to DEC. 24, 1960, that (1) (we) last
ATTENDING MED DIRECTOR PHYS. M.D. PHYS.	22b DATE
POR PHYSICIAN'S NAME (Type) ETTORE PHILLIPPIS 22d ADDRESS EASTERN SHORE STATE!	STERN SHORE STATE HOSP.
23d BURIAL, CREMATION, 23b. DATE THEREOF 23d. NAME OF CEMETERY OR CREMATORY SEMOVAL (Specify) 13 37 1747 THY LOR (CONTETTING SALISTING S	SALISTING. NIARY/AND
	MY 2 P none



DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Dorchester Dorchester 1,2 MARYLAND b. CfTY OR TOWN (f outs de corporate limits, c. CITY OR TOWN (If outs da corporate limits, write RURAL and give nearest town) and E LENGTH OF STAY IN 16 wr ta RURAL and give nearest lown) Cambridge, R. D. Cambridge.R.D. years e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO R.F.D. 3. NAME OF 4. DATE Yaar Middle DECEASED OF Lillie May Cuddy Thorne DEATH December 23,1960 (Type or print) 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 17. MARRIED NEVER MARRIED last birthday) Hours Female White DIVORCED May 7.1874 WIDOWED IX 12. CITIZEN OF WHAT COUNTRY? physician 10a. USUAL OCCUPATION (Give kind of work 1.10b. KIND OF BUSINESS OR INDUSTRY 1.11. BIRTHPL * CE (County & State or fore on country) done during most of working life, aven if retired) Joplin.Mo. Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding pl William Cuddy Anna Latham Then p WAS DECEASED EVER NU.S ARMED FORCES? | 16, SOCIAL SECURITY NO 17, INFORMANT Ad dress (Yes, no, or unkown) (Ifyesgivewarordelasofsarvice) Frank C. Thorne, Cambriage, Md., R.D. No the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. dos IMMEDIATE CAUSE (a) DUE TO gave rise to immadiate causa DUE TO (a), stating the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? 20%. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM NER) 20b. DESCRIBE HOW INJURY OCCURED, [Enter nature of injury in Part | or Part || of Itam 18.) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) (County) (State) 20c. TIME OF INJURY Monty, Day, Year factory, street, office bldg , etc.) Not While Hour am 1960 21. | certify that (I) (this hospital); attended the deceased from saw the deceased alive on. 22b, DATE 220 ENGINATUR ATTEND NG SIGNED DIRECTOR PHYS. PHYS. 22c PHYSICIAN'S death. Page filed v 23d, LOCATION (City, lown or county) (State) 23s. BURIAL, CREMATION, 1 23b Dorchaster Memorial Park Combridge. Id. の音品 250. REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESSCambriage .Md. VR A15 (4) 15M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



1200 should be filed with TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 uneral director. moy be retart. If the hospitol ar attending physician. TO FUNERAL DIXECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2. The registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/S8

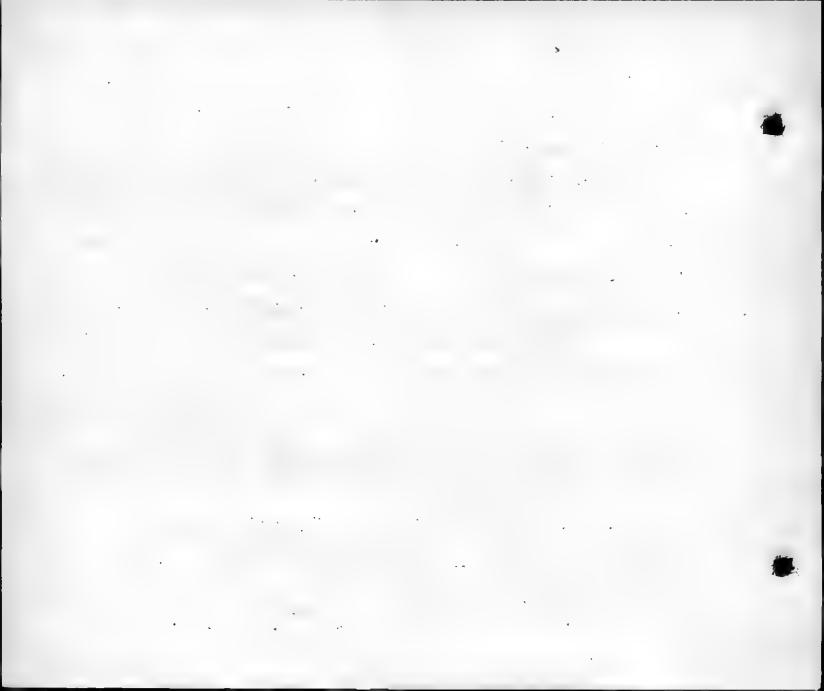
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13839

CERTIFICATE OF DEATH

Reg. Dist. No. 13810

1	1. [PLACE OF DEATH 1. COUNTY		2. USUAL RESIDENCE (Where decease o STATE		before admission)		
	L `	DORCHESTER	MARYLAND	MARYLAND	6 COUNTY CFC	L &		
	I	b. CITY OR TOWN (If ausside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp.	orate limits, write RURAL and go	ve nearest town)		
		CAMBRIDGE	7名 MONTHS	POUT DEP	OSIT	() Y -		
	,	NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
	E		SPITAL			YES NO		
		NAME OF First	MonIh	Day Year				
		Type or print)		TRIALLO DEATH	DECEMBER	31 1960		
	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year) IF UNDER							
MALIE WIDOWED DIVORCED MALIST / STY								
	10a	USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. 8/RTHPLACE (State or foreign	country) 12 CITIZ	EN OF WHAT COUNTRY?		
		during most of working life, even if retired)	TONE QUARRY	TTALY	UN	KNOWN		
13. FATHER'S NAME JIONE QUARRY TTALY UNKNOW						1 10 11 1		
	MICHAEL TRIALIO PHILOMENA CAVALIER							
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT	Address			
WKNONN III yes, give wor or doles of services HOSPITAL RECORDS.								
	10.	18. CAUSE OF DEATH [Enter only one couse per lin			,1000	INTERVAL BETWEEN		
		DART I DELTHAMAS CALIEFO DA		IEMORRHAGE		ONSET AND DEATH		
		IMMEDIATE CAUSE (o)	EDE VEGE	ILMONK HAGE		15 /11/1/2		
		//	ERRAL APT	FERIASCI SPASIS		2000		
	gove rise to immediate				-	-3-9K2		
		lying couse lost.						
	20	PAIT II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE CONDIT ON GIVEN IN PART	1(a) 19 WAS AUTOPSY		
	CATION					PERFORMED? YES NO		
	CERTIF	20a. ACCIDENT WAS UNDERLYING 20b DESC OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part I or Pa	rt II of item 18)			
	- 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	MEDICAL			ACE OF INJURY (Home, form, 20f. (C ray, street, office bldg., etc.)	y or town) (Co	unty) (State)		
	MED	Hour a.m. While of work	Not while of work	ioty, sireer, office blug, etc.)				
		21. I certify that I attended the decease	ed from MAV. 17	, 1960, to DEC.	31 1960that I las	saw the deceased		
				accurred at SAM, fram				
					itreet, city or town, state)	DATE SIGNED		
		SIGNATURE Hamy Crawford M.D. CAMBRIDGE MD DEC31 1966						
		DAY COMPANY						
		NAME (Type) HARRY J C	RAWFORD.					
	220	REMOVAL (Specify) 22b DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY VO 27d LOCA	HON (City, town, or county)	(Stole)		
gant 196/ U. M.g. anatony Brak / Salto, M.					a'			
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGIS	4			
		Konneth a hordery	100 Low.	27 - DATE AN 5 '6	C-hang & to	cossa		

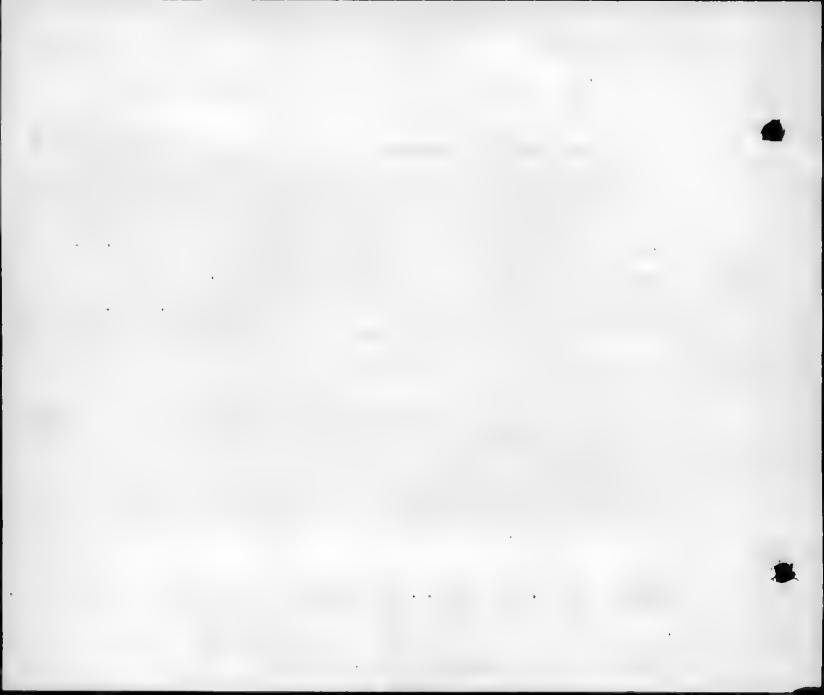


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13813 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY **b. COUNTY** Dorchester MARYLAND b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 16 ca CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Cambridge Cambeidge d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE Fairmount Avenue ON A FARM? Fairmount Avenue YES NO NAME OF DECEASED Middle 4. DATE OF DEATH Selover (Type or print) Oree Tyler Dec. 1960 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Male Negro WIDOWED TO DIVORCED [100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 17 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Restaurant Restaurant Cambridge. Md. USA 13. FATHER'S NAME John St. Clair 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT please rem No Mammie Bellemy. Washington. IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2-22 erotic CVD Canditians, if any, which gave rise to immediate **DUE TO** cause (a), stating the under-Clerosis lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, 20e. PLACE OF INJURY (Hame, farm, 20f (City or fawn) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.] Hour o.m. at work of work 21. I certify that I attended the deceased fram. 1966, and that death accurred at _____M, from the causes and on the date stated above. ADDRESS (Street, city or lawn, state) ACTUAL SIGNATURI PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City fawn, or county) (State) Burial Waugh Cemeterv Cambridge. Maryland FUNERAL BIRECTOR'S SIGNABURE 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR DATE AN S Md. Cather & Know



MARYLAND	STATE	DEPARTMENT OF HEALTH
ON OF STATISTICAL	RESEARCH	AND RECORDS — BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND					
13840 CERTIFIC	ATE OF DEATH 13813				
1. PLACE OF DEATH G. COUNTY	2, USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY				
Dorchester	Maryland b. COUNTY Queen Anne				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
Cambridge 2yr 4mo 19day	crumpton				
d. NAME OF HOSPITAL (If ngt in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?				
Eastern Shore State Hospital	YES NO D				
3. NAME OF First Middle	Last 4. DATE Month Day Year				
(Tour as asiat)	ones Warmer December 13 1960				
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Mours Min				
Female White WIDOWED S DIVORCED	July 3, 1880 80 yrs. Months Doys Hours Min				
10a USUA. OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?				
None -	Maryland U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
John Jones	Mary Elizabeth Jones				
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 13	7, INFORMANT Address				
No - 219-05-0275	RECORDS: Eastern Shore State Hospital				
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thron					
HA 2 . / DUE TO					
Conditions, if ony, which) (b) Chronic Myocar	ditis Over 2 yrs				
gave rise to immediate DUE TO					
lying couse lost. (c)					
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Chronic Brain Syndrome - Senile B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?				
	Brain Disease YES NO 10				
206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCU OR CONTRIBUTING 2 CAUSE OF DEATH UT IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED (Enter nature of injury in Part I ar Part II of item 18)				
3 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)				
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. Hour a m. While Not while at work at work at work at work	factory, street, affice bldg., etc.)				
	m. July 25 1958 to Dec. 13 , 1960, that (i) page lost				
21 I certify that (1) (thickestics) attended the deceased fra saw the deceased alive anDec _ 13150_ , and the	m of the second				
220, SIGNATURE	at death occurred at 10:113M, from the causes and an the date stated above				
Harry & for alord	M D PHYS. ☐ DIRECTOR ☐ STAFF DIRECTOR ☐ PHYS ♥ 12-11-60				
22c PHYS CIAN'S	22d. ADDRESS				
Harry J. Crawford, M.D.	Eastern Shore State Hospital, Cambridge, Md				
230 BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETER BEMOVAL (Specify)	Y OR CREMATORY 234 LOCATION (City, town, or county) (Stote)				
Distriction of the second of t	the Lucin linne co- ma				
24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DEC 1 6 '60'				
- The state of the					

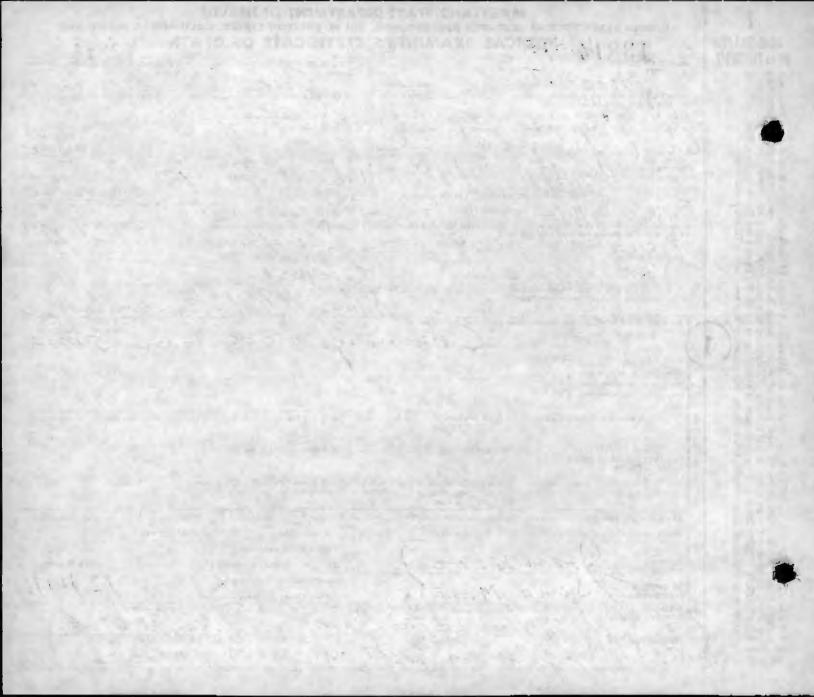


FOR STATE ector. Page TO DEPUTY SDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer

VS. A 5M

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

TATE		13814 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
DEP1.		PLACE OF DEATH () 4. USUAL RESIDENCE (Where decested lived, if institution, Residence before edmission)
ì		. COUNTY Docchester MARYLAND O. STATE Ind S. COUNTY Docchester
(NA		b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) write RURAL end give neerest town)
VI		Cambridge Souther Secretary X
1/17	/	MAME OF HOSPITAL OR INSTITUTION OF Indian in hospital, give street address) O. IS RESIDENCE ON A FARM?
attr.	3.	NAME OF A First / Middle / Last / DATE Month / Dey Year
5		DECEASED HIMATA HURST WILLOUGH DEATH 12/20 1960
s aff	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS.
hou	10a	MICHE WILL WILL WILL WILL WILL WILL WILL WIL
72	do	during host of working life, everylit relired) of working life, everylit relired) of working life, everylit relired)
ithin	13.	EATHER'S NAME
₹ 15		John Harst Lebecca,
ever	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 47. INFORMANT (Ifyetgivewerordelesofservice)
any 9	1	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).
and in	1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) ONSET AND DEATH ONSET AND DEATH
-		420 DUE TO
пома		Conditions, if eny, which (b)
101		(e), stelling the underlying DUE TO
ion, o	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19, WAS AUTOPSY
Cramatio	CATIO	PERFORMED? YES NO
lai, ci	CERTIFICATION	20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Dey, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (Cily or town) (Siele) While Not While et work et work
2	2	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
		CHIEF MEDICAL EXAMINER
2		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
		EXAMINER'S JOHN MACEJR DEPUTY MEDICAL EXAMINER (1700) 12-127/60
25	229	SURIAL, CREMATION. 22b. DATE THEREOF 22d NAME OF CEMETERY OF SREMATORY 22d LOCATION (City, towns of country) (Sinte)
6	1	FUNERAL DIRECTOR ALL MARKET (CART NEW MARKET) AND ADDRESS 7. A 246. REC'D BY REGISTRAR'S SIGNATURE
3 00	1	ittes / fellorghy Osst New Market May DATE JAN 3 '61 O. Thur & Know
	X	The state of the s



death.

NEAD TO BUADRITESS The second secon Party and a second SERVICE OF THE PROPERTY OF THE PARTY OF THE